### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

100	6 U	CERTIFI	CATE OF DEATH	-	10018
	INGTON	MARYL	AND MARYLAND	re deceosed lived, if institution: Reb. COUNTY WASHINGT	TON
HAGE	I (If outside carporote limit and give nearest town) RSTOWN	2 WEEKS	WILLIAMSP	de corporote limits, write RURAL on	2//
	IGTON COUN'	to tin hospitol, give street oddress) TY HOSPITAL	d. STREET ADDRESS  2 VERMONT	ST.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	FRAN	K EUGENE	ARDINGER 4	OF NOVEMBER	4 , Year 67
S. SEX	6. COLOR OR RACE	7. MARRIED X NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 10/18/1896	9. AGE (In years IFU Mon	NDER   YEAR   IF UNDER 24 H oths Doys Hours M
10o. USUAL OCCUPAT	ON (Give kind of work done ng life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St	tote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	S ALBERT A	RDINGER	14. MOTHER'S MAIDEN NAM MARY CATHE		
15. WAS DECEASED I (Yes, no, or unknown	VER IN U.S. ARMED FORCES? (If yes give wor or dotes	16. SOCIAL SECURITY NO.	17. INFORMANT		T STREET
	EATH WAS CAUSED BY:	use per line for (o), (b), and (c).)	of Liver		ONSET AND DEATH
1B. CAUSE OF PART 1. D Conditions, if o rise to immed	EATH WAS CAUSED BY:  IMMEDIATE CAUSE  DUE  ny, which gove	D - P	of Liver	-	ONSET AND DEATH
IB. CAUSE OF PART I. D  Conditions, if o rise to immed storing the un last.  PART II. OTHER  PART III. OTHER  OR CONTRIBUIL	EATH WAS CAUSED BY: IMMEDIATE CAUSE  DUE  ny, which gove iote couse (o), derlying couse  SIGNIFICANT CONDITIONS (  VAS UNDERLYING  VAS UNDERLY	(b) Chalilitle E TO (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO SEATH SUCCESSION TO S	TED TO THE TERMINAL DISEASE CONDITION OF	the Wellitus	Use hours  19. Was autopsy PERFORMED?
IB. CAUSE OF PART I. D  Conditions, if o rise to immed storing the un lost.  PART II. OTHER  200. CODENT V  OR CONTRIBUTING THE FITHER, NOTI	EATH WAS CAUSED BY: IMMEDIATE CAUSE  DUE  ny, which gove iote couse (o), derlying couse  SIGNIFICANT CONDITIONS ( VAS UNDERLYING [] VAS UN	(c) Chylelitle E TO (b) Chylelitle E TO (c) CONTRIBUTING TO DEATH BUT NOT RELATED TO THE STATE OF THE STATE O	cenous. Digt	the Wellitus	19. WAS AUTOPSY PERFORMED? YES NO
18. CAUSE OF PART I. D  Conditions, if orise to immed stoting the un lost.  PART II. OTHER  200. CONTRIBUTE (IF EITHER, NOTI HOUr Service)  201. I cell tell tell tell tell tell tell tell	EATH WAS CAUSED BY: IMMEDIATE CAUSE  DUE  ny, which gove iote couse (o), derlying couse  SIGNIFICANT CONDITIONS (O)  VAS UNDERLYING [] VG [] CAUSE OF DEATH FY MEDICAL EXAMINER)  NJURY Month, Doy, Yeor  o.m.  19	(c) Chylelitte E TO (b) Chylelitte E TO (c) CONTRIBUTING TO DEATH BUT NOT RELA  20b. DESCRIBE HOW NURY OCC While Not While of work of	REED. (Enter noture of injury in Port 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	t I or Port II of item 18.)	19. WAS AUTOPSY PERFORMED? YES NO
IB. CAUSE OF PART I. D  Conditions, if or rise to immed stoting the un lost.  PART II. OTHER  200. CONTRIBUTE (IF EITHER, NOTI Hour Saw the 220, SIGNATUL 22	EATH WAS CAUSED BY: IMMEDIATE CAUSE  DUE  ny, which gove iote couse (o), derlying couse  SIGNIFICANT CONDITIONS (o) VAS UNDERLYING [] VAS	(c) Chylelitte E TO (b) Chylelitte E TO (c) CONTRIBUTING TO DEATH BUT NOT RELA  20b. DESCRIBE HOW NURY OCC While Not While of work of	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)  rom	t i or Port II of item 18.)  20f. (City or town)  talk 4.  M, fram causes and	19. WAS AUTOPSY PERFORMED? YES NO
18. CAUSE OF PART I. D  Conditions, if orise to immed storing the un lost.  PART II. OTHER  200. CODENT V  OR CONTRIBUTION  (IF EITHER, NOTT)  20c. TIME OF I Hour saw the 220. SIGNATUI	EATH WAS CAUSED BY: IMMEDIATE CAUSE  DUE  ny, which gove iote couse (o), derlying couse  SIGNIFICANT CONDITIONS (o) VAS UNDERLYING [] VAS	(c) Challitte E TO (b) Challitte E TO (c) CONTRIBUTING TO DEATH BUT NOT RELA  20b. DESCRIBE HOW INJURY OCC While Not While of work of one of work of two of tw	20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.)  rom , 19 nd that death accurred at 3.  ATTENDING ME DIR  22d. ADDRESS  998 Potomac	t i or Port II of item 18.)  20f. (City or town)  taken M, fram causes and of the course and the course are causes are causes and the course are causes are caused as a course a	PERFORMED? YES NO  (County) (Stote  19 //, that (I) (we) an the date stated ab 2b. DATE SIGNED  11-6-67

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death Page 4 may be retained by the hospital or oftending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the Undirector, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers: Pages Is should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, withha 72 hadrs after.

8 -TO A POST OF THE PARTY OF THE P 111 72 - 1 2 2 TEOMBERIANIE PONCES \*28 ENGRES A TATION OF THE SERVICE O , Total and the state of the st Miles Delay of the 3 " [110 THANARAN TELLINE SHIP IN THE WEST BILLIANA TREETS TEATHER 131-12 A-121-121 .LW . TEOMONAL JUAN BE WINTER . A SING 100 TO 100 TO 100 Albania 1 of the world over the first of the first The same of the Shall to Smell which - v ANTILLES AND ANTILLES ANTILLES AND ANTILLES AULIAL 11 /5" HIVERVER CEVERER -ILLIAMESONE, MARRIES.

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16019

CERTIFICATE OF DEATH

	1, 1	PLACE OF DEATH ASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE MARYLAND b. COUNTY WASHINGTON				
		b. CITY OR TOWN (If autside carparate limits, writh AGERS TOWN)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  HAGERS TOWN				
79		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol WASHINGTON COUNTY HO		d. STREET ADDRESS	CANNON AVE.	e. IS RESIDENCE ON A FARMA YES NO		
		NAME OF DECEASED (Type or print)  DAV ID	WALTER I	BA KER	4. DATE NOVEMB	17 - 1		
	5. :	SEX 6. COLOR OR RACE 7. MARRIER WHITE WIDOWE		8. DATE OF BIRTH 7/30/19		FUNDER 1 YEAR   IF UNDER 24 HRS. Manths   Days   Haurs   Min.		
			KIND OF BUSINESS OR INDUSTRY ROAD		& State, ar fareign country) ZLAND	12. CITIZEN OF WHAT COUNTRY?S .A .		
	13.	PATHER'S NAME  DAVID CLINTON BAKE	R	14. MOTHER'S MAIDEN MARGARI	NAME CT MAY MINER			
	15. (Ye	1 1 1 1 1 1 1 1 1		INFORMANT RS • MARGAT	Address	AGERSTOWN CHRER MD.		
		18. CAUSE OF DEATH (Enter only one cause per lime of PART I: DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave	or (a), (b) odd'(c).)	9 4	ife	INTERVAL BETWEEN ONSET AND DEATH		
		tise to immediate cause (a), stating the underlying cause  (c)  (b)  DUE TO  (c)		0				
2	CERTIFICATION	PART II. OTHER SIGNATION CONDITIONS CONTRIBUTING	Tilru	eldin	<u> </u>	19. WAS AUTOPSY PERFORMED? YES NO		
		20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II af item 18.)			
	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year Haur a.m. 2Dd. Whi at w	le Nat While foct	CE OF INJURY (Horne, farm lory, street, office bldg., etc.		(Caunty) (State)		
		21. I certify that (I) (this haspital) attersaw the deceased alive an	nded the deceased fram, and tha	1	45 /, to // / / / C!450 M, fram causes an	d an the date stated above.		
		220. SIGNATURE SCAL	lly "	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 21/67		
1		NAME (Type) , H. NE CAC	hley M	22d. ADDRESS	gutm	my My.		
2	23a	REDURTAL 236. DATE THEREOF 11/24/67	232 MAME O CEMETERY OR LETTERSBU	RG LUTHER		G WASH. MD.		
3	24. FUNERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAL  DATE NOV 2 7 1967  Character of the state							

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers—Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2∮41 Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

- g:085 TOTOTT ..... TOTOTT ..... (8) fa Lucitori Verla de # 2/3021 POF 1501 | BE - 11-11-1 A STATE OF THE PARTY OF THE PAR 

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled by the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1										
1. PLACE OF DEA	гн			2.	USUAL RESIDEN	ICE (Where			sidance before	admission)
	Washington		MARYLAI	ND	". STATE Vi	irgini	b. cour	Ber	keley	1
write RURAL a	(if outside corporate limits nd give nearest town)		c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN	(If outside co	orporate limits, write	RURAL and	give nearest to	own)
Rural, Hag	gerstown, Mc	1.	one month		Martin	sburg	. West 1	/irgin	ia	5.5
d. NAME OF HOS	PITAL OR INSTITUTION (II	not in hos	spital, give street eddress)		d. STREET ADDRESS				e. 15	RESIDENCE
Martin N	Manor Nursin	ig He	me		309 West	Burke	Street			NOXX
3. NAME OF DECEASED	First	Sant.	Middla		Last	4. DATE		ĥ	Day Ye	INF
(Typa or print)	Willie		Haycock		ker	OF DEAT	H Novemb	per 2	3 19	67
5. SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	3. D/	ATE OF BIRTH		9. AGE (In years last birthdey)			ER 24 HRS.
Female	white	WIDOWE	ED A DIVORCED	] 29	May 1878		89 yrs.	Months	ays Hours	Min.
done during most of	TION (Give kind of work working life, even if ratirad	10b. K	CIND OF BUSINESS OR IN	DUSTRY 1	1. BIRTHPLACE (Cou	inty & Steta,	or foreign country)	12. CITIZ	ZEN OF WHAT	COUNTRY?
at hen	ie .		Housewife		Frederick	coun	tv.Virgi	nia	USA	
13. FATHER'S NAME					MOTHER'S MAIDEN					
Charles	M. Haycock				Virgi	inia	M. (ur	known	)	
15. WAS DECEASED E	VER IN U.S. ARMED FORCE	ES?   16.	SOCIAL SECURITY NO.	17. INF	ORMANT		Address			
no	(II ) III Y II Y II Y II Y II Y II Y II	Atcal		Dona	ld J. Rea		402 Line	oln D	rive	
18. CAUSE OF	DEATH  Enter only one	cause par	lina for (a), (b), and (c).)		14 04 1108	1011	WT OTHERD	TR III	I INTERVAL 8	
PART I. DEA	TH WAS CAUSED BY:	1	olovary_	1000	· Land		Luc		ONSET AND	
4501		- 1	oronary_	Dice	mulen		arre		- Lucius	4
100	DUE TO	RE	han well.	Ant.	mi colu	10/11	Mar 4	Disti	au -	idin
Conditions, if a		4.1			e Pail				2	2 mgm
(a), stating tha		CC !	i the cong	in	s fuce	un,				
cause last.	) (c)_	Ce	neral as	Here	e 5 cleids	u.			52-3	- Y.
PART II. OTH	ER SIGNIFICANT CONDITI			UT NOT RE	LATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART		AUTOPSY ORMED?
8	) i verte in	les u	- Pales.						YES	NO DE
OR CONTRIBUTIN	WAS UNDERLYING [] G [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OC	CURRED. (1	intar neture of injury	in Part I or Pe	ert II of itam 18.)			
3 20c. TIME OF IN	JURY Month, Day, Year	20d.	INJURY OCCURRED   200		OF INJURY (Home, far		City or town)	(Coun	ly)	(Stata)
ZOc. TIME OF IN		While at wor		factory,	straet, offica bldg., etc	c.)				
21.   certify	that (I) (this hospite	A atten	ded the deceased for	romO	c+ 12	19.6.7 1	· 2002	3 196	2. that (1)	(we) last
	ased alive on MA									
22a. SIGNATUR	O lu &	)19×	10 TH	11.5		MED. DIRECTOR	STAFF PHYS.	,	1/2 216	SIGNED
22c. PHYSICIAN	S	LIY	0	M.D.	22d. ADDRESS				1 29-	0/
NAME (Type	W. Ditto 11	1_M	D.			shingt	on St. Ha	agerst	own, Mar	yland
	TION, 236. DATE THERE	OF	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LO	CATION (City, to	wn or county)		(State)
REMOVAL (Specif	25 Nov.	1.967	Resedale	cemet	trv	Man	ctinsbur	g. W.V	a.	
24 FUNERAL DIRECT			ADDRESS	- 5	25e. RE		ISTRAR 256. RE			
Thoual	d Carpley	nar	pers Ferry	7, W.	Va. DANGO	11/00	1967	est . F.	0.00	
					140	0 4 1	1001	7	00	

THE REPORT OF THE PARTY OF THE CALL OF A CALL OF THE STATE OF STUDE STELL The second secon SAC SECURIT CONTRACTOR A DESCRIPTION OF THE PERSON NAMED IN COLUMN PARTIE TO THE PARTIES. The state of the s The second of the second of

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16021

	PLACE OF DEATH D. COUNTY				2. USUAL RESID	ENCE (Where de	eceosed lived, if instit	tution: Residence	e before odmi	ssion)
	Wash	ington		MARYLAN	Mar Mar	vland	Wash	ington		
	b. CITY OR TOWN ( write RURAL on	f outside corporate limits, give nearest town)		c. LENGTH OF STAY IN 1	c. CITY OR TOW	N (If outside cor	porote limits, write I	RURAL and give	neorest town	)
	Boon	sboro		5 Mos		rstown			1 (6.6)	elberter.
		AL OR INSTITUTION (If not		ive street oddress)	d. STREET ADDR			70 1	ON /	SIDENCE FARM?
		- Keedy Ho		001111			gmeadow		YES _	NO [
	NAME OF DECEASED (Type or print)	TIRA KAS	THRYN	Middle BARNHAR	Lost	4. DA OF DE	ATH Novem	ber 5	Doy 1967	Year 9
S.	SEX		7. MARRIED		8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UN	DER 24 HR
	Female	White	WIDOWED	DIVORCED	Sept 2	1.889	78 yrs.	1	Doys Hou	rs Min
10o dur	ing most of working		INI	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE	(County & Stote,	or foreign country)	COL	IZEN OF WHAT JNTRY?	
13	FATHER'S NAME	Employee	Re	tired	14. MOTHER'S M		ash Co	Md U	ISA	
'		4 G D					1 77 10			
15		d S. Barn		OCIAL SECURITY NO.	17. INFORMANT	argare	t V. Fr	dross		
		(If yes give wor or dotes of	service)	0-10-2872		er Milia	er Here	ratown	Md	
-		ATH (Enter only one couse			R # 4	Y 100	OI HOSE	L & HOTH	INTERVAL	BETWEEN
		H WAS CAUSED BY:	1/	nemico	C 11 4			7	-ONSET MY	DEALLY
	1810	IMMEDIATE CAUSE (o	1	CO Proces		17)	11		7000	1
	Conditions, if ony	which gave )	100	1 100 11 10	15 8/	15/11	ddee		4 m	our
	rise to immediat	e couse (o),	,	10 CONT		1-60				
	stoting the unde	nying couse								
		GNIFICANT CONDITIONS CO		O DEATH BUT NOT DELATE	D TO THE TERMINAL DICE	ASE CONDITION	CIVEN IN DARK 1/-1		19. WAS A	HTODEV
8	PART H. UTHER ST	GNIFICANT CONDITIONS COL	NIKIBUTING T	U DEATH BUT NOT KELATE	U IO THE TERMINAL DISC	ASE CONDITION	GIVEN IN PAKE 1(0)		PERFO	RMED?
S	SO ACCIDENTINA	This produce to	eel pro	COURT HOLD MINER OCCU	DD (0 15	1 1 0 . 1	B . II (1) 101		YES [	NO [
CERTIFICATION		CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	CRIBE HOW INJURY OCCU	KKLU. (Enter noture of an	ilury in Port I or	Port II of item 18.)			
MEDICAL	3	JRY Month, Dov. Yeor			e. PLACE OF INJURY (Hon foctory, street, office bl		Of. (City or town)	(Cou	inty).	(Stote)
R	p.i	I A	While of work	Not While of work	Toctory, Street, Office Di	og., etc.)	1.1	10 1	7	
	21. I certi	y that (1) (this hospi	tal) offend	ed the deceased fro	m 4/4	, 19	, to /0/	19	Z, that (i)	(we)
	sow the d	eceased alive on	0/4	19 <u>6/,</u> and	that death accurr	ed at 1.47	M, from couse	s and an th	e date stol	ed obc
	220. SIGNAPURE	MASA		na	ATTENDING PHYS.	MED.	R STAFF	22b, DA	TESIGNED /	7
	(12)	101 CENT	1					100%	21740	1
	22c. PHYSICIAN'S	101 Cerlo			22d. ADDRE	22		l	21/7	3
	22c. PHYSICIAN'S NAME (Type	Donald E.	Marti	n, M.D.			ac St., F	lagerst		
230	NAME (Type	IN, 23b. DATE THER		a. M.D.	418 N	. Potom	ac St., F			w
	NAME (Type BURIAL, CREMATIC REMOVAL (Specify	IN, 23b. DATE THER	EOF	23c. NAME OF CEMETER	418 N	. Potom	. LOCATION (City or	Town)	own, Mo	d. (Stote)
	NAME (Type	23b. DATE THER	EOF		418 N Y OR CREMATORY Cemetery	Potom  23d  Le  0. REC'D BY REC	itersbu	Town)	own, Mo	d

after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 Page 4 may be retained by the haspital ar attending physician. VR J

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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### CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death	Page 4 moy be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral	00	Œ	
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PLACE OF DEATH  o. COUNTY Washington  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  a. STATE b. COUNTY Maryland Washington
	Maryland Washington
b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give neorest town)	77 1 10 - 7 - 7 - 1/-/
Hagerstown Maryland 68yrs	Hagerstown Maryland
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS  9. IS RESIDENCE ON A FARM?
646 Pennsylvania Ave	646 Pennsylvania Ave YES NO
3. NAME OF First Middle	Lost 4. DATE Month Doy Year
OECEASED (Type or print) Lewis Edward E	Bell DEATH NOV 11 1967
	B DATE OF BIRTH 19. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR
	lost birthdov) Months Doys Hours Min
Male Colored WIDOWED DIVORCED	2-18-1894   73 yrs.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, ar foreign country)  12. CITIZEN OF WHAT COUNTRY?
Laborer Railroad	Bearercreek. Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Bell	Hattie Adams
	INFORMANT Address
(Yes, no, or unknown) (If yes give wor or dates of service)	
213-12-7647 Mr	s Thelma Slaughter 646 Penn Ave
1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Agusta Compressor The	Access to the contract of the
IMMEDIATE CAUSE OF	Datification ) name cas
43.01 DUE TO	
Conditions, if any, which gave ) (b) Atherosclerotic He	eart Disease 7yrs 11mnt
rise to immediate cause (a), ( DUE TO and Harmont ancies	e Cardiovascular Disease
starting the endertring course	e caratorascatar prease
lost. (c)	
PARY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
0.000	PERFORMED?
<u> </u>	YES NO
OR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Port I or Port II of item 18.)
	CE DF INJURY (Home, farm.   20f. (City or town) (County) (State)
Hour o.m. While - Not While - fact	rary, street, office bidg., etc.]
p.m. 19 at work ot work	,
21. I certify that (I) (this hospital) attended the deceased from	January , 19 59 , to Nov 11 , 19 67, that (1) (we) !
saw the deseased alive on Nov 4. 1967, and tha	t death accurred at 45PM fram causes and an the date stated abo
120 STGNATURE	22b. DATE SIGNED
	ATTENDING MED STAFF NOV. 13 1067
1 Ly Jeyman Mr. M.	11113
PHYSICIAN'S	22d. ADDRESS
NAME (Type) William T. Layman, M.D.	100 Professional Arts Bld. Hagerstown.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	
Burial Nov 15 1967 Rose Hill	Cemetery Hagerstown Maryland
24. FUNERAL DIRECTOR ADDRESS	25a. RECD BY REGISTRAN 967 25b. REPOYRAR'S SUNATURE
John R Watson on Hagerstown md	DATE NUV 14 196

ALVE NO remarks 21 man 1 mm production maneukl tegel oftown contests opened to moderathers outs atempt has Tell Film . Maister . L z. . Mantictice Diff . . mantel " mailing

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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EALTH	DIPY.		LACE OF DEATH					UAL RESIDENCE	(Where deceased			e before odmissio	on)
ond 3 to	3	(	COUNTY Washi	ngton		MARYLA	IND		Virgin		Ber	keley	V
lela) nd 3 3. Pc	men		CITY OR TOWN (If out: write RURAL and give	neorest town)	ts,	c LENGTH OF STAY IN	1b c CIT	Y OR TOWN (If o		limits, write RUI	RAL and give	neorest town)	
ny Jel 2, ond	3		Hager	stown			LCT	Mart.	insburg			e IS RESID	NEW CE
es 1. 2, o	1 0 17	(	NAME OF HOSPITAL OR	ngton Co			0 21		- 2			ON A F	ARM?
		3	IAME OF	igton co	ust It	Middle		Lost	e 3	Mont	h	Dov Yes	NO R
hours after dilath Item 18. G ve Page Office along with	pages lond 2 with the State urs ofter deoth.		DECEASED Type or print)	S	amuel	Eug en e	В	ender	OF DEATH	Novemb			67
fter G v long	<u>£</u>	S. :	**	OLOR OR RACE	7. MARRIED			OF BIRTH	9	AGE ( n yeors lost birthdoy)	F UNDER 1 Months	YEAR IF UNDER	24 HRS
18. 18.	offh.			White	MIDOMED			h 30, 1		18 yrs			BATTLI
hou Item Office	ond r	10o duri	USUAL OCCUPATION (Give ng most of working life, e	kind of work done	10b. KII	ND OF BUSINESS OR DUSTRY	1	BIRTHPLACE (Stot				ZEN OF WHAT	
24 F's	les lofte		Student FATHER'S NAME		Co	11ege		lartins by		٧a.		U.S.	A
ithin encil mini	pag	13	Samuel O	Render				ola Pie:					
Exa	File 2 hou	15	WAS DECEASED EVED IN I	C ADMED CODCESS	1 16 5	SOCIAL SECURITY NO	17. INFORM			Addre	?\$\$		
rute ng" dical	mit 7	(Ye	s, no, or unknown) (If ye	s give wor ar dotes O	of service)		Samu	e1 O. B	ender-R	t.3.Mar	tinsbu	rg.W.Va	
exiii endir Me	with	ī	IB. CAUSE OF DEATH	(Enter only one co	use per line for	(o) (b), ond (c)) RESSED FR	ACTUDE	OF CK	1111			INTERVAL BET ONSET AND D	WEEN
ba per hief	onsi /ent	Ц	PART I. DEATH W	IS CAUSED BY. IMMEDIATE CAUSE	(o) DEPF	KESSED FK	ACTURE	, UF 5K	ULL			ONSET AND E	PERTET
o≡ld vord he C	iol-fr		Conditions, if ony, which		FRAC	CTURE RIG	HT WRI	CT				4HRS.	
£ 7 =	- L			II YOVE I	(p) I 1/2/1/	O LOIVE IVEN						1.11.0	
s he to	bul u o		rise to immediate cou		F TO								
rate s ng the led to	ss o buriol-tronsit permit nd .n ony event within 72				(c) FRAC	CTURE LEF	T CLA	/ICLE					
ertificate s vr.ting the warded to	as ond	2	tise to immediate coustoting the underlying last.	couse	(c) FRAC	CTURE LEF			ONDITION GIVEN	N PART 1(o)		19 WAS AUTO	DPSY
is certificate showld bin eximituted within 24 fe, writing the word pending in pencil in forwarded to the Chief Medical Examiner's		CATION	tise to immediate coustoting the underlying last.	couse	(c) FRAC	TO DEATH BUT NOT RELAT	ED TO THE TER	MINAL DISEASE CO				19 WAS AUTO PERFORM YES	DPSY IED?
Thi ical		RTIFICATION	tise to immediate coustoting the underlying last.	COUSE COND TIONS	(c) FRAC	TO DEATH BUT NOT RELAT	ED TO THE TER	MINAL DISEASE CO	Port 1 or Port 1	I of item 1B)			
: Thi tif.cat d be		AL CERTIFICATION	tise to immediate coustoting the underlying last.	COUSE DUI	(c) FRACE	SCRIBE HOW INJURY OCC	URRED (Enter of	MINAL DISEASE CO	Port 1 or Port 1	POLE	ll ou	YES	NO [
: Thi tif.cat d be	files. 3 should be used fron, or removal,	MEDICAL CERTIFICATION	tise to immediate coustoting the underlying last.	COUSE DUI	(c) FRACCONTRIBUTING T	SCRIBE HOW INJURY OCC LEFT ROAD  VURY OCCURRED 1	URRED (Enter of STRIK	MINAL DISEASE CO	Port 1 or Port 1	POLE (City or town)	(Cou	nty) (	
CLAMINER: This cute the certificate oge 4 should be	files. 3 should be used fron, or removal,	-MEDICAL CERTIFICATION	tise to immediate coustoting the underlying last.	Ant cond tions  VAS JYING   Aonth, Doy, Year  1 - 25 - 16	(c) FRACCONTRIBUTING T  CONTRIBUTING T  CAR   20d IN  While of work	SCRIBE HOW INJURY OCC  LEFT ROAD  VJURY OCCJRRED  NOTWINIB  of Work  OTWORK	URRED (Enter r STR   16	MINAL DISEASE CO	Port I or Port I	POLE (City or town)	JRG.	YES   nty) (	NO [
CLAMINER: This cute the certificate oge 4 should be	for your files. OR:Page 3 should be used lot, cremation, or removal,	MEDICAL CERTIFICATION	nse to immediate coustoing the underlying last.  PART II OTHER S GNIFIE  200 EXTERNAL CAUSE V PRIMARY AU OF CONTRIB CAUSE OF DEATH  200 TIME OF INJURY M BOUR OM.  30 PM pm. 1  21. I certify the	Ant cond tions  VAS JYING   Anonth, Doy, Year  1 - 25 - 16  at I taak charge	(c) FRACCONTRIBUTING T  CONTRIBUTING T  CAR  20b DE: CAR  20d IN While by work ge af the ren	SCRIBE HOW INJURY OCC  LEFT ROAD  VJURY OCCURRED  Not While otwork  The property of the proper	URRED (Enter or STR   1)  One. PLACE OF II foctory, street over the left and the left over the left ove	MINAL DISEASE CO	Port I or Port I ILITY	POLE (City or town)  RTINSBU	JRG Uiry ,	YES   nty) (	NO [
CAL TRANSPER: This execute the certification or Page 4 should be	of for your files.  TOR: Page 3 should be used unal, cremation, or removal,	-MEDICAL CERTIFICATION	nse to immediate coustoing the underlying last.  PART II OTHER S GNIFIE  200 EXTERNAL CAUSE V PRIMARY AD OF CONTRIB CAUSE OF DEATH  200 TIME OF INJURY P  ADVI O M.  21. I certify the death resulted f	Ant cond tions  VAS JYING   Anonth, Doy, Year  1 - 25 - 16  at I taak charge	(c) FRACCONTRIBUTING T  CONTRIBUTING T  CAR  20b DE: CAR  20d IN While by work ge af the ren	SCRIBE HOW INJURY OCC  LEFT ROAD  VJURY OCCJRRED  NOTWINIB  of Work  OTWORK	URRED (Enter or STR   1)  One. PLACE OF II foctory, street over the left and the left over the left ove	MINAL DISEASE CO.  TOTUTE of Injury in  LING UT  NJURY (Home, for ther office bldg, etc.)  Autapsy  Hamicid	Port I or Port I ILITY	POLE (City or town)  RT I NSB!  T X, Inquidetermined m	JRG Uiry ,	nty) (	(Stote)
CAL TRANSPER: This execute the certification or Page 4 should be	of for your files.  TOR: Page 3 should be used unal, cremation, or removal,	MEDICAL CERTIFICATION	nse to immediate coustoing the underlying last.  PART II OTHER S GNIFIE  200 EXTERNAL CAUSE V PRIMARY AU OF CONTRIB CAUSE OF DEATH  200 TIME OF INJURY M BOUR OM.  30 PM pm. 1  21. I certify the	Ant cond tions  VAS JYING   Anonth, Doy, Year  1 - 25 - 16  at I taak charge	(c) FRACCONTRIBUTING T  CONTRIBUTING T  CAR  20b DE: CAR  20d IN While by work ge af the ren	SCRIBE HOW INJURY OCC  LEFT ROAD  VJURY OCCURRED  Not While otwork  The property of the proper	URRED (Enter or STR   1)  One. PLACE OF II foctory, street over the left and the left over the left ove	MINAL DISEASE CO.  NOTICE OF INJURY (Home, for office bldg, etc.)  Autapsy,  Hamicid  CHIEF MEDICA  ASSISTANT ME	m, 20f   Inspection   Laxaminer   Laxamine	POLE (City or town)  RT I NSB!  T   Nquestion   Nquest	JRG Uiry ,	YES   nty) (	(Stote)
CAL TRANSPER: This execute the certification or Page 4 should be	of for your files.  TOR: Page 3 should be used unal, cremation, or removal,	MEDICAL CERTIFICATION	nse to immediate coustoing the underlying last.  PART II OTHER S GNIFIE  200 EXTERNAL CAUSE V PRIMARY A OF CONTRIB CAUSE OF DEATH  200 TIME OF INJURY M HOUR O'M.  21. I certify the death resulted f  ACTUAL SIGNATURE EYAMMER'S	ANT COND TIONS  VAS JYING   Anoth, Doy, Yeor  1-25- icat I taak chargeram: Natur	CONTRIBUTING T  CAR    20b DE: CAR    70d IN While of work ge af the ren ral causes	SCRIBE HOW INJURY OCC  LEFT ROAD  VJURY OCCURRED  Not While of work  Accident X,	URRED (Enter of STRIK) One. PLACE OF II foctory, street ove, held an Suicide	MINAL DISEASE CO.  NOTICE OF INJURY (Home, for office bldg, etc.)  Autapsy,  Hamicid  CHIEF MEDICA  ASSISTANT MEDICA  DEPUTY MEDICA	Port I or Port I  ILITY  m, 20f  Inspection  e  , Unc	POLE (City or town)  RT I NSB!  T   Nquestion   Nquest	JRG uiry ],	nty) (	(Stote) apinian
CAL TRANSPER: This execute the certification or Page 4 should be	of for your files.  TOR: Page 3 should be used unal, cremation, or removal,		nse to immediate coustoing the underlying last.  PART II OTHER S GNIFW  200 EXTERNAL CAUSE Y PRIMARY AD OF CONTRIB CAUSE OF DEATH  200 TIME OF INJURY A HOUR O'M.  21. I certify the death resulted for the contribution of the co	Ant cond tions  VAS JYING   Anonth, Doy, Yeor  1 - 25 - 16  at I taak charge	CONTRIBUTING T  CAR I  CAR I  OF A CONTRIBUTING T  CAR I  CAR I	SCRIBE HOW INJURY OCC  LEFT ROAD  VJURY OCCURRED  Not While of work  Accident X,	URRED (Enter of STRIK) De. PLACE OF II foctory, street ove, held an Suicide	MINAL DISEASE CO.  Include of injury in  LING UT  NJURY (Home, for inter office bldg, etc.)  Autapsy,  Hamicid  CHIEF MEDICA  ASSISTANT ME DEPUTY MEDICA  Address (Streen	Port I or Port I  ILITY  m, 20f  MAS  Inspection  E	POLE (City or town)  RT I NSB!  T   Nquestion   Nquest	JRG uiry , anner	YES (1) (W. VA. and in my 22. DATE	(Stote) apinian
CAL TRANSPER: This execute the certification or Page 4 should be	for your files. OR:Page 3 should be used lot, cremation, or removal,		nse to immediate coustoing the underlying lost.  PART II OTHER S GNIFIE  200 EXTERNAL CAUSE V PRIMARY X J Or CONTRIB CAUSE OF DEATH  201 TIME OF INJURY M.  201 I certify the death resulted for the control of the cont	ANT COND TIONS  AS  JTING   Ant Lack charge  ram: Natur  E.W.	CONTRIBUTING T  CONTRIBUTING T  CAR I  CONTRIBUTING T  CAR I  ON While of work of the ren ral causes   DITTO	SCRIBE HOW INJURY OCC  LEFT ROAD  YJURY OCCURRED  Not While of work  Accident X,  JR.  23c NAME OF CEMET	URRED (Enter of STRIK)  OB. PLACE OF II foctory, street over held an Suicide   M. D. M. CREMAN	MINAL DISEASE CO.  NJURY (Home, for office bldg, etc.)  Autapsy,  Hamicid CHIEF MEDICA ASSISTANT MEDICA Address (Street CORY	Port I or Port I TY  ILITY  m, 20f  MAF  Inspection  e  , Uno 1 EXAMINER CAL EXAMINER  et, city, town, or  23d LOCA	POLE (City or town)  RT I NSB!  M X , Inquidetermined m  County)  RTION (City or To	JRG Juiry ], canner ]	nty) ( W. VA and in my  22. DATE  11-26- (County) (S	(Stote) apinian stgNED 67
TO MERGITY MEDICAL MAMINER: This necessory, please execute the certificate the funeral director. Page 4 should be	of for your files.  TOR: Page 3 should be used unal, cremation, or removal,	230	nse to immediate coustoing the underlying lost.  PART II OTHER S GNIFIE  200 EXTERNAL CAUSE V PRIMARY XD OF CONTRIB CAUSE OF DEATH  200 TIME OF INJURY M  30 PM pm. 1  21. I certify the death resulted f  ACTUAL SIGNATURE  EXAMINER'S NAME (Type) DR  BURIAL, CREMATION REMOVAL (Specify)	ANT COND TIONS  VAS JTING   Anonth, Doy, Year  1 - 25 - 16  at 1 taak chargeram: Natur  E - W - 23b DATE Th	CONTRIBUTING T  CAR I  CONTRIBUTING T  CAR I  CAR I  While of work  ge of the ren ral causes   DITTO  HEREOF	SCRIBE HOW INJURY OCC  LEFT ROAD  VJURY OCCURRED  Not While otwork  Accident  Accident  JR.	URRED (Enter of STRIE)  OB. PLACE OF II foctory, street over held an Suicide   M. D. M. D. M. D. M. D. C.	MINAL DISEASE CO.  INTERPORT OF THE PROPERTY O	Port I or Port I TY  ILITY  m, 20f  MAF  Inspection  e  , Uno 1 EXAMINER CAL EXAMINER  et, city, town, or  23d LOCA	POLE (City or town)  RTINSB!  MX Inquidetermined m  County)  ATION (City or To	JRG Jury J, anner J	YES (1) (W. VA. and in my 22. DATE	(Stote) apinian stgNED 67

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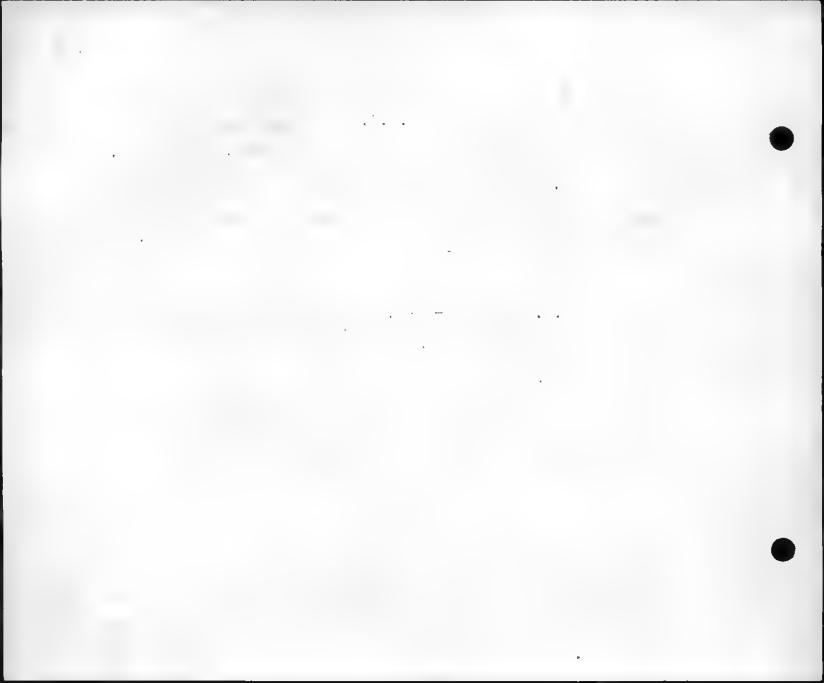
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	CEKTIFICATE	UF DEATH
1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	a. COUNTY Washington MARYLAND	o. STATE b. COUNTY Maryland Washington
	b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
	Hagerstown D.O.A.	Hagerstowa
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e. IS RESIDENCE
	Washington County Hospital	1606 Broadfording Rd. VES NO X
3	NAME OF First Middle DECEASED	Last 4 DATE Manth Day Year
L	(Type or punt) Rev. Chester Adam B11	Iman DEATH NOV 25 1967 19
5	SEX 6. COLOR OR RACE 7, MARRIED  NEVER MARRIED	8 OATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.    Manths   Days   Hours   Min
	Male White WIOOWED OIVORCED	Febr 19 1894 73 vs
104	o USUAL OCCUPATION (Give kind of wark dane 10b KIND OF BUSINESS OR	13 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT
ali	ring most of working life, even if retired)  1NOUSTRY	Shamokin Northumberland Co
13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	Frank Billman	Ida McCarty
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. 1	INFORMANT Address
l (t	'es, na, ar unknawn) (If yes give war ar, dates af service) Yes   W. W. #1   216-14-8171 Mr	s Frances McC Billman Md
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	.606 Paper Mill, Rd Hagers to MILEVAL BETWEEN
	IMMEDIATE CAUSE (-) CAS A A	also been deen Them
	4200 IMMEDIATE CAUSE (0) DUE TO	
	Canditions, if any, which gave ) (b)	
	rise to immediate couse (a), stating the underlying cause DUE TO	
	lost. (c)	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
ATIO		AEZ NO 🔼
CERTIFICATION		(Enter nature of injury in Part I or Part II of item 18)
	OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		CE OF INJURY (Hame, farm, 20f. (Cty or town) (County) (State)
R	Haur a.m.  p m.  19 While at wark at wark	lary, street, affice bldg., etc.)
	21. I certify that (i) (this haspital) attended the deceased fram	, 1960, ta Nov 21 , 1967, that (I) (we) las
		t death accurred at 6.304M, fram causes and an the date stated above
	220 SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
	Color to wallone Mi	D. PHYS DIRECTOR L. PHYS. L. /// 27/67
	22c PHYSICIAN'S I The SHOachlas	22d ADDRESS
	Z /Convilled Confer	a de agil 11 town ha
23	Burial (REMATION, PEMOVAL (Specify) Burial 11/28/67 Rose Hill C	The state of the s
1		Genetery Hagerstown Wash Co Md
	0	NOUS OF TOOM TOWNERS VIEWERS
	Andrew K. Coffman Funeral Home In	1C DAILYUV & O IOO!

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

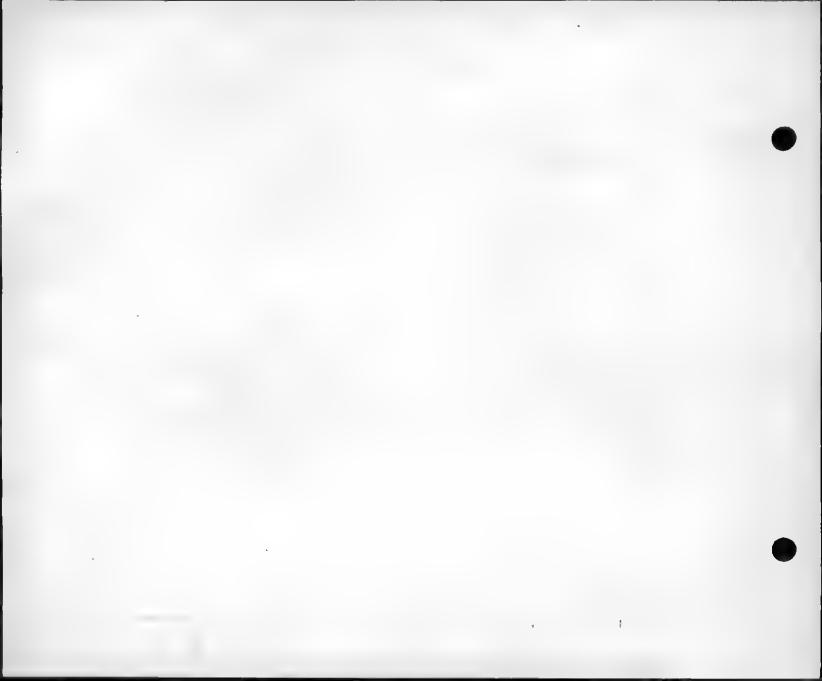
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 shauld be defached far use as the burial-transit permit. Then piease remave carbay should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, w.

filled in



		CERTIFICATE	OI DEATH		_ 0000
1.	PLACE OF DEATH			Where deceased lived, if institut ar	
1	a COUNTY	MARYLAND	o. STATE	b. COUNTY	
4	b. CITY OR TOWN (If autside carparate limits,	c LENGTH OF STAY IN 1b	CUTY OF TOWN A OF	utside corporate limits, write RURA	ashington
Ι,	write RURAL and give nearest town)		1 C. CITI OK TOWN (I) OK	i .	cord give nearest rawin
ᇇ	Villi amsport	10 mon. 17 days	HAnc	ock	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	aspital, give street address)	d STREET ADDRESS	2	e IS RESIDENCE ON A FARM?
	Williamsport De	mitarium	9 Me.	thadist All	YES NO X
3	NAME OF First	Middle	Last	4. DATE Month	Day Year
	OFCEASED (Type or pnnt)	ce Henry	13:110	OF DEATH	17 1967
5	The state of the s		DATE OF BIRTH		IF UNDER I YEAR 1 IF JNDER 24 HRS.
				last pirthday)	Months Days Hours Min.
		DOWED 🔀 DIVORCED 🔲	3-16-8	6 8/ Yrs.	
100	r USUAL OCCUPATION (Give kind of work done ing mast af working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County	& State, or fareign country)	12 CF ZEN OF WHAT COUNTRY?
001	ing must at working me, even it termedy	INDUSTRI	Franklin	Country PA.	(1.3.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME O'	
ľ	Paul Binan		S - 1	Jana Tail	l
15	WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address	10.5
(Y	es, no, or unknown) (If yes give war or dates of serv	ice)			
		No. 1 00 170171	ADA BIVENS	S HANCOCK MD.	
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY,	line for (a), (b), and (c).)	1 .	,	INTERVAL BETWEEN
	IMMEDIATE CAUSE (a)	theumonia	etiology	un Known	ONSES AND DEATH
	7 / J / DUE TO		, 4		/
	Canditians, if any, which gove } (b)	1			
	rise to immediate cause (a), DUE TO				
	lost (c)	*	The same of the sa		
	PART N. OTHER SIGNIFICANT CONDITIONS CONTRI	DIMING TO DEATH BUT NOT SELATED TO T	HE TERMINAL DISEASE COL	MOITION C VEN IN DADT I/-	T19 WAS AUTOPSY
S	1-1		THE TERMINAL DIDEASE CO.	NUTTION OF TEN IN PART I(U)	PERFORMED?
B	Hiherosclen				YES NO
III.	200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED (	Enter nature of injury in	Part I at Part I of item 8)	
E	(IF EITHER, NOTIFY MEDICAL EXAMNER)				
MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Day, Year		E OF INJURY (Hame, farm		(Caunty) (State)
呈	Haur a.m.		ary, street, affice bldg etc.	)	
	p.m.		/3//	10/7 11/2/7	10/ 745-/17/>
	21 I certify that (1) (this hospital		death occurred at	1967, to //-//	, 19 <u>6</u> _/, that (1) (we) las
	2dM the necensed dive ou 15	7 19 19 19 11 disc and 1	death occurred at	M, ITOTH COUSES OF	ad an the date stoted obove
	220. SIGNATURE		ATTENDING 🦟	MED. STAFF	22b. DATE SIGNED
	11/1/201/linx	M.D.	,	DIRECTOR   PHYS.	11-17-61
	22c PHYSTCIANS	K - +-	22d ADDRESS	-/	MI I
	NAME (Type) ME, 152	11/16	Willion	nsport	1042
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or Town	i) (County) (State)
	BURY (\$Ptofy) 11.20.67	DEDAR LAWN N	MEMORIAL	HAGERSTOWN	WASHINGTON MD
2	. FUNERAL DIRECTOR	ADDRESS	2Sq. REC'I		STRAR'S AGNARIRE
	, , , , ,	11	. 0NO	V 2 1 196/1 1/2	carles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fifted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers flagss-T-and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hadrs attended. ID MOSMITAL OR ATTEMBING PRYMCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may lie retained by the haspital or attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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4			MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
汀.			PLACE OF DEATH  2 USUAL RESIDENCE (Where deceased ved if institution Residence before admiss a. COUNTY  a. COUNTY  b. COUNTY	100
			WASHINGTON MARYLAND PA FRANKLIN	
			b. CITY OR TOWN (If outside carparate imits, write RURAL and give nearest town) write RURAL and give nearest town)	10
		L	HAGERSTOWN 18 HRS KURAL GREENCASTLE	PA
	3 7	1	d NAME OF HOSPITAL OR ASTITUTION (If not in hospital give street address)  WASHINGTON-CO HOSPITAL  ON A  RD # 1	
			HAGERSTOWN MD	NO X
			NAME OF DECEASED OF CLOST PLANT FIRST EUGENE BLACK OF DEATH Nov. 23, 1967 19	ear
		-	DENIN NOV. 23. 1907	ER 24 HRS
			M W DOWED DIVORCED Aug. 28, 1949 loss enhay) Months Days Hours	
		10a	0g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CTIZEN OF WHAT	
		duri	wing motivate waynesboro, PA. Willis, A.	
		13	3 FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
			RODER E, BLACK IVA HAGER DAY	
		15 (Ye	IS WAS DECEASED EVER IN L. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no popular nawn) (If yes give war ar dates of service)	1 6
		Ĺ	100 - 13-40-1369 1 Co of 6. When Energy	DIS
			18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  Aspiration of blood and vomitus  IMMEDIATE CAUSE (a)  Aspiration of blood and vomitus	DEATH
	<b>V</b>		IMMEDIATE CAUSE (a) Pulmonary congestion and edema	5 .
			(anditions, if any, which gave) (b) Fracture(comminuted) for maxilla and	
			rise to immediate cause (a), stating the underlying cause DUE TO Fracture of mandible	
			last. (c)	
	,	×	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a)  19 WAS AU PERFORI	TOPSY MED?
	1	F CATION	YES 🔏	
		CERT F	DOMADY WAS CONTRIBUTION OF	
				40 1
		MEDICAL	20c TIME OF INLERY Month Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home farm 20f (Cty or town) (County)  2:40HoX a.m Nov. 23 19 67 While of work & USfactory, street affice bldg, etc.)  Greencastle/Franklin/Pa.	(State)
	SW F	2	pin of work and of work and of the first of	
			21. I certify that I took charge of the remains described above, held an Autapsy (x), Inspection (), Inquiry (), and in my	opinior
			death resulted from Notural couses, Accident, Suicide, Hamicide, Undetermined manner	
				E SIGNED
	1		EXAMINER'S  DEPUTY MED CAL EXAMINER  Nov. 24,19	267
			TNAME (TYPE) E. W. DITTO JR. M. D. Address (Street C.IV. Town or county)	,0 (
		230	BIS BURYD (REMATION, REMOTION, REMOTION) 236 DATE THEREOF 23c NAME OF GENETICAL (Specify) 23d (Deation (city or Town) (County) PG	(State)
		2.4	24 ELIMERAL DIRECTOR ADDRESS 250 REGISTRARS SIGNATURE	
		24	16 Minuch - Frenciste Po DATE NOV 27 1967 Houseles Jus	Lak.
		HE .	TO, 197	

16. Minnich- Freewaste Pa

VR A15ME (5) 6M 1/67

FOR: HEALTH

0

and 3

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death If Jiny delay is

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 G ve Pages 1, 2, and 1 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3 Page



0035

FOR STATE HEALTH\_DEPT.

2, and 3 to delay is

in pencil in Item 18. Give Pages

ALEXAMINIR: This certificate shamed be executed within 24 hours after death 19

TO DEPUTY IN

### MARYLAND STATE DEPARTMENT OF HEALTH

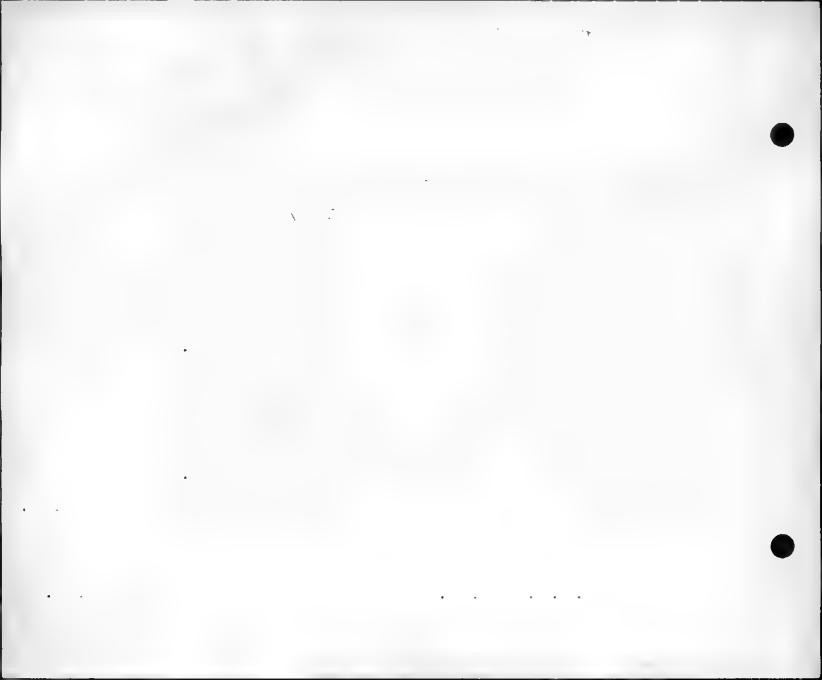
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16027

	PLACE OF DEATH				Where deceosed lived, if institution	Residence before admission)
	o COUNTY Washi	ington	MARYLAND	Marylan	a d Wa	shington
	b CITY OR TOWN (If out	s de corporate limits,	c LENGTH OF STAY IN 16		utside corporate limits write RURA.	
	Harak RURAL and give	neoresi town) Vn Marylan	a	Hacanat	7	,
_		R INSTITUTION (If not in her		Hagersto	own Maryland	e IS RES DENCE
		,		1	_	ON A FARM?
		Jonathan S		112 N.	Jonathan Str	
	NAME OF DECEASED	First	Middle	Lost	4 DATE Month	Doy Year
	(Type or print)	Richard		oggison	DEATH NOV 3	1967
5	SEX 6 (	COLOR OR RACE 7 MA	RRIED NEVER MARRED	8 DATE OF BRTH		FUNDER I YEAR   FUNDER 24 HRS
M	Tale Co	olored wo	OWED D VORCED	10/12/92	75 yrs	ionna boys noors mili
	USUAL OCCUPATION (G V		106 KIND OF BUS NESS OR	11 B RTHPLACE (Stote	e or foreign country)	12 C TIZEN OF WHAT
dur	ing most of working ife, e Labore:	ven if retired)	Shoe shine	Charle	Town W.Va.	COUNTRY?
13	FATHER'S NAME			14. MOTHER'S MAIDEN		
	Richard I	Roggison		Lettie	Marin on	
15	WAS DECEASED EVER IN U		16. SOCIAL SECURITY NO 17	INFORMANT	Tryman Address	
(Y e	es, no, or unknown) (If ye	es give wor or dotes of service	e)	73	C ATO M T	and date of City
_	no			enora B.	Crew 412 N. J	
		(Enter only one couse per l	line for (o), (b), ond (c).)			INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH W	AS CAUSED BY.	Gunshot wound of	head self i	nflicted.	Instant
		DUE TO				
	Conditions, if ony, whi	ch gove ) (b)				
	rise to immediate cou	use (o), [ Due TO				
	stoting the underlying	g couse (c)				
		17	UTING TO DEATH BUT NOT RELATED TO	THE TERMINIAL DISEASE OF	AND I ON GIVEN IN PART 1(a)	19 WAS AUTOPSY
OK	PART I OTHER SIGNT	CANT CONDITIONS CONTRIB	DING TO DEATH BUT NOT KEEPITED TO	THE TERMINAL DISEASE CO	AND LOW CLEEN IN LAKE (O)	PERFORMED?
CERTIFICATION						YES NO La
RTIFI	200. EXTERNAL CAUSE V	WAS BUTING 🗆	20b DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port I or Port II of item 18)	
	CAUSE OF DEATH.		Self inflicted_gu	nshot wound	of head.	
MEDICAL	20c TIME OF INJURY	Month Day, Year	Self inflicted gu 20d ALLRY OCCURRED 20e PLA	ACE OF INJURY (Home, for	m 20f (City or town)	(County) (State)
ME.	Tour am	17-2- 19 67		tory, street, office bldg , etc		achington Md
			he remains described above, he	eld an A itansy	Inspection (x), Inquiry	OIGHTEILE DOTAL STORY
		*				
	death resulted	from: Natural caus	ses Accident, Suit	cide 🚾 , Homicide		lier
	ACTUAL A	1500	*	CHIEF MEDICA		22. DATE SIGNED
	SIGNATURE	· CAN NO	ML13		D CAL EXAMINER 11-6	
	EXAMINER'S	73			CAL EXAM NER 🔀	
_		E. W. Ditto			et cty, town or county) Hage	rstown, d.
230	BUR AL CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City of Town)	
E	Burial (Specify)	Nov 7 19	67 Rose Hill C	emetery	Hagerstown 1	Maryland
0.	4 FUNERAL DIRECTOR		ADDRESS	SCo DEC	D BY REGISTRAR 256 REGI	TRAR' SIGNATURE
Z	4 FUNERAL DIRECTOR		MODECTO	230 KEC	10V 7 1967 Kg	Charles Judges

5 may be retained far your files. the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm Health prior to burial, cremation, or removal, and in any event within 72 hours after death. necessary, please execute the certificate, writing the ward "pending" VR A15ME (5) 6M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

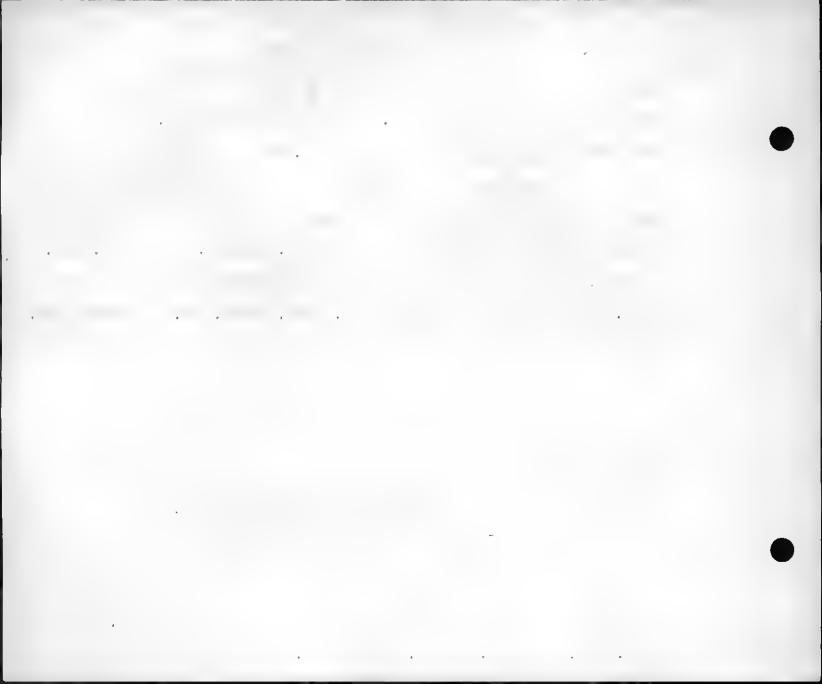
16028

16836

CERTIFICATE OF DEATH

	OF DEATH						Where deceased lived, if institu		before odmission)	
	ingtor				MARYLAND	Maryland		nington		
b CIT	Y OR TOWN (I	f outside corporate limit give nearest town)	ls,	c. LENGTH OF		c CITY OR TOWN (If ou	JRAL and give i	neorest town)		
Hage	erstown	1		6 Hr	8.	Rural Bo	2	, ,		
d NAI	ME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospital, g	ive street oddres	(20	d STREET ADDRESS			e IS RESIDENCE ON A FARM?	
		County Ho	ospital			Mt. Lena			YES X NO	
3 NAME DECEA		· ·	irst	Midd	le	Last	4. DATE Moi	nth	Doy Year	
(Түре	or print)	Charl		Hott	Bowma		DEATH Novemb		1967	
S SEX		6 COLOR OR RACE	7. MARRIED	☐ NEVER MA		8. DATE OF BIRTH	9 AGE (In years lost birthday)	AF UNDER 1 Y	EAR IF UNDER 24 HRS Doys Hours Min.	
Ma		White	WIDOWED :			April 13, 18	390 77 yis	17	1	
		(Give kind of work done life, even if retired)		ND OF BUSINESS DUSTRY	OR	11. BIRTHPLACE (County	& State, or foreign country)		EN OF WHAT	
Fa1	mer	,		ming			na, Md.		S. A.	
13. FATH	ER'S NAME					14. MOTHER'S MAIDEN I	NAME			
De	atid Bo	ownan					e Faulder			
1S WAS (Yes, no.	DECEASED EVEL or unknown)	R IN US ARMED FORCES? (If yes give wor ar dotes	of service)	SOCIAL SECURITY	NO 17.	INFORMANT	Add	ress		
I	Vo.		217	2-24-53	ob Mr	. Ira G. Bor	man. Rfd. 2.	Boonsb	oro. Md.	
18.		ATH (Enter only one co	use per lipe for	(o), (b), and (c)	) _		4-	1	INTERVAL RETWEEN	
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Acute unjocaroice infanct  1205 1 gard									
	4 3 0 1 DUE TO									
Conditions, if ony, which gove (b) queraly are a cross claros, is										
	ng the under		TO !							
last.										
S PART	THE OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NO	OT RELATED TO		NDITION GIVEN IN PART 1(0)		19 WAS AUTOPSY PERFORMED?	
AT 0	_	> uneuro	my cel	care	سناصس	- of bloss	****		YES NO	
		UNDERLYING []	20b DE	SCRIBE HOW INJU	JRY OCCURRED.	(Enter noture of injury in	Port 1 or Part 1 of item 18)			
E OR C		CAUSE OF DEATH MEDICAL EXAMINER)								
≠  - <del>`</del>	TIME OF INJU	RY Month, Doy, Year		JURY OCCURRED		CE Of INJURY (Hame, farm		{Count	(Stote)	
A.E.	Haur To.n	10	While of work	Not While of work	foci	ory, street, office bldg., etc.				
	21. I certif	v that (1) (this has	pital) attend	led the deced	sed from_	1-25	962, to 11-10	t, 1967	, that (I) (we) los	
	sow the de	ceosed alive on	9114 -	19.6	7, and the	t deoth occurred of	万マタ M, from couses	and on the	date stated above	
22o	SIGNATURE	1.1.		7		ATTENDING -	MED - STAFF	22b DATE		
		1 th per	war	4	M.I	). PHYS	DIRECTOR PHYS C	7/	- 16 - 67	
220.	PHYSICIAN'S NAME (Type)	Toeson	SEC	ONDAT	>.	22d ADDRESS	00 NS BOZO	Md		
	name (LAhe)	JOSEP#	760	HOLLOH	×1		00 173 3 0 00	, ,		
230 BUR	AL CREMAT O			1	CEMETERY OR		23d LOCATION (City or T		ounty) (State)	
KE	Jurial"		8- 67			emetery	Smithsburg			
24 FUN	ERAL DIRECTO	R		ADDRES	S			REGISTRAR'S SIG		
John	H. Bas	st. Jr. 112	N. Ma	in St. I	Boonsbo	CO.Md. DATE N	OV 2 1 1967	VClima	Fo . To	

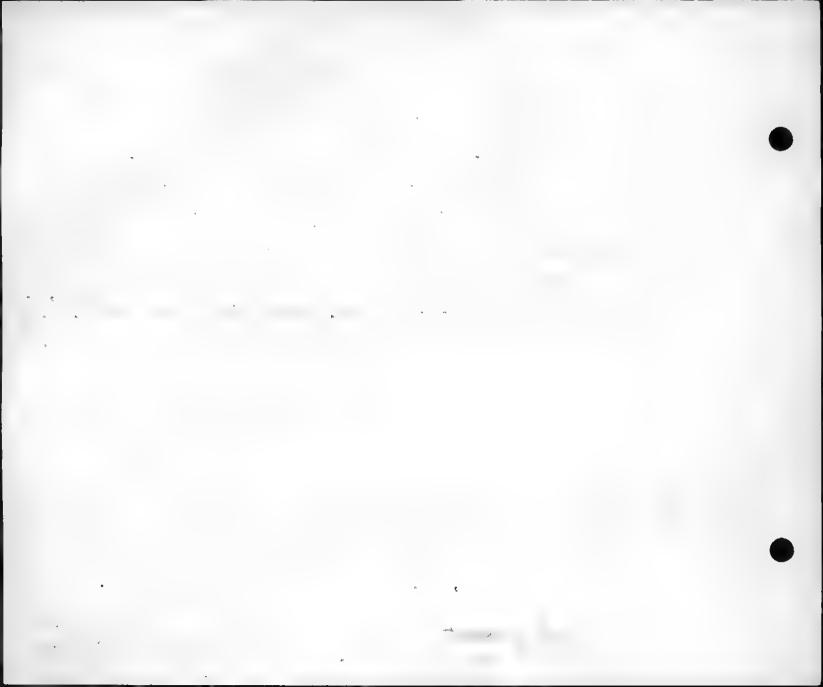
orer degitar 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in-by-the funeral director, page 3 shauld be detached for use as the busial-transit permit. Then please remave carban pagess. Pages I and seed the with the State Dept. of Health prior to busial, cremotion, or remayal, and in any event, within 2 thoors offer dept Page 4 may be retained by the haspital ar attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #23d Film (2315 12/5/67, ph & Item #23b

_ 004	CERTIFICATE	OF DEATH		. ~	200
1. PLACE OF DEATH 0. COUNTY			here deceased lived, if in	COLUMNY	
Washington	MARYLAND	o. STATE Mary	<i>uana</i>		ington $\vee$
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	tside corporate limits, writ	e RURAL and give no	eorest fown)
Magerstown	4 months		rstown		1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos		d STREET ADDRESS			e IS RESIDENCE ON A FARM?
1401 Haven Road Apt.	. 99	1401 H	laven Road	Apt. 79	YES NO Z
3 NAME OF First	Middle	Lost	4 DATE OF	Month	Doy Year
(Type or pant) Tergare		ickley	DEATH /VOU		30 19 <b>67</b>
S. SEX 6. COLOR OR RACE 7. MAI		B. DATE OF BIRTH	9 AGE (In year lost birthdo		EAR IF UNDER 24 HRS. Oys Hours Min.
	OWED DIVORCED DIVORCE	July 12, 1874	93	VIS 10 CUTUZE	N OF WHAT
during most of working life, even if retired)	_INDUSTRY_	Glasgow. Sci	Stote, or foreign country)	COUNT	N OF WHAT
Honsewite  13. FATHER'S NAME	Uwn Home	34 MOTUFAIS MAJORN M	1444		<u> </u>
David Carry	thera	Makaa	ret MacPher	404	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	rec magnet	Addres dage xx	town Md.
(Yes, no, or unknown) (If yes give wor or dotes of service	098-10-5489B Mrs	Margaret 9	allwoth 140	I Kauen K	2d Ant 90
18 CAUSE OF DEATH (Enter only one couse per li			COUNCAY 140		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	Lalerlar Pneur <b>o</b> ni	a		L.	South and deflying
. * / DUE TO			4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
Conditions, if ony, which gove (b)	Fractured Hip				l month
stating the underlying couse DUE TO					
lost (c)					
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONF	DITION GIVEN IN PART 1(	0)	19 WAS AUTOPSY PERFORMED?
§ Senility					YES NO
GR CONTRIBUTING CAUSE OF DEATH	206 DESCRIBE HOW INJURY OCCURRED (	Enter nature of injury in Pi	ort For Part II of Item 18	3)	
용 Hour 'o m.	20d INJURY OCCURRED 20e, PLAC While Not While of work at wark	E OF INJURY (Home, farm, pry, street, office bldg , etc.)	, 20f (City or fow	rn) (County	y) (Stote)
21 I certify that (I) (this haspital) of		8/29 19	9 67, ta 11/	29 19 6	7that (I) (we) las
saw the deceased alive an 11	/291967 and that	death occurred at 1	7:55aM, from cau	ses and an the	date stated above
220 SIGNATURE	( Michigan		MED. STAFF	22b. DATE	
22c. PHYSICIAN'S NAME(Type) Arturo T. Rip	oo, M.D.	224 ADDRESS	9 Enet Anti-	etam St.	II- eretown
230 BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City	or Town) {Co	ounty) (Stote)
REMOVAL (Specify)  Dec. 1	1947			Nasaa	au N. Y.
24. FUNERAL DIRECTOR Was Ca. VI	ADDRESS			B REGISTRAR'S SICH	ATURE
Rest Haven Juneral Chape	el Hagerstown, Md.	DATEDE	C 1 1967	geliante	1

IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the denth certificate be executed within 21 flours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by it director, page 3 should be detached for use as the burnal-transit permit. Then please remove corbon pages—Tag should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 79 hours Page 4 may be retained by the hospital or attending physicion. VR A15 (4) 25M 1/67



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13020

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)									
		o. COUNTY WASHINGTON MARYLAND				VD.	o. STATE MARYLAND B. COUNTY WASHINGTON					
	E	b CITY OR TOWN (If	autside carparate limits,		c. LENGTH OF STAY IN 1	b	c CITY OR TOWN (	f outside corpo	prote limits, write R	URAL and give	neorest to	own)
		HAGERST	OWN		15 MIN.		HANCOC	3K				,
	-	d NAME OF HOSPITAL	OR INSTITUTION (If not	in haspital, g			d. STREET ADDRESS					S RESIDENCE
ĺ		WASHINGT	TON COUNT	Y HOSE	PITAL		RURAL	2			YES	ON A FARM?
		NAME OF	First	f	Middle		Losi	4 DATE	Mo	inth	Day	Year
		DECEASED (Type or print)	BEL-INDA		KRISTEN		BURNETT	OF DEAT	н 1	11	6	19 67
	S. 5	SEX		7. MARRIED	NEVER MARRIED [	7	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1		UNDER 24 HRS
		F	W	WIDOWED	DIVORCED (		SEPT.24	1967	lost birthday)		Days H	lours Min.
	10a	USUAL OCCUPATION (	Give kind of work done		ID OF BUSINESS OR		11 BIRTHPLACE (Cos	unty & State, or	fareign country)	12 (17	IZEN OF WI	HAT
	aurii	ing most of working hit	N T	INU	DUSTRY		HAGERS'	TOWN N	D	LUI	UNTRY?	SX.S.A.
	13.	FATHER S NAME					14. MOTHER'S MAID		_			
		Ci	HARLES R	BURNE	TT		ADON	A BROV	M			
			IN L S ARMED FORCES?		OCIAL SECURITY NO.		NFORMANT			dress		
	(18:	s, iid, <b>q\jo</b> lidwii) [[	f yes give war or dates of	service)		CH	IARLES R	BURNE	TT RURA	1L 2 H	IANCO	OCK MD.
		18. CAUSE OF DEA	TH (Enter only one couse	per ling for f	(a), (b), and (c).)	7	1					AL BETWEEN
		PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) Conclude failure &										
	- 1	Continue it any which are a first of the courses										
	- 1	(anditions, if any, which gave is a immediate cause (a), (b)										
	- 1	stoting the underlying cause DUE TO TO TO TO Service										nice
		last.	J (e	org	ruley por	VO	incol from	erry la	MICOLOGY	s) lan	22 0	wil.
	<u> </u>	PART II. OTHER SIGN	HIFICANT CONDITIONS CO	NTRIBUTING TO	<u>d death</u> but not relate	D TO 1	'HE TERMINAL DISEASE	CONDITION G	VEN IN PART Y	/		AS ALTOPSY RFORMED?
1	CERTIFICATION								- 0	/	YES [	NO 🗍
	E 1	20a ACCIDENT WAS IN OR CONTRIBUTING		20b DES	CRIBE HOW INJURY OCCU	RRED	(Enter nature of injury	in Part I or P	art II of item 18)			
		(IF EITHER, NOTIFY M										
	MEDICAL	20c TIME OF INJUR	Y Month, Day, Year				E OF INJURY (Home,		(City or town)	(Cor	nty)	(State)
	×	p.m.	19	While at work	Not White at work	100	ary, street, office bldg,	er )	.11.	1	At-	
	ľ			ital) attend	ed the deceased fra		410	, 19 Cel.	to 97 6	196		(I) (ave) last
			eased alive an	_/// <	19 6 /, and	i thai	death/occurred	at 2:35/	M, fram/cause	and an th	è date s	toted abave
	- 1	220. SIGNATURE	1 1/200	2			ATTENDING	MED	STAFF I	22b DA	TE SIGNED	112
		11:11	· Mound	7V )		M.C	PHYS L	DIRECTOR	LI PHYS L		11	16/
,		22c PHYSICIAN S NAME (Type)	ANN	BNO	on-lx		22d, ADDRESS	N:	NG A	5+ 11	2000	510an.
	225	. BURIAL CREMATION	23b DATE THER	ENE	23c NAME OF CEMETER	V OP		1023	LOCATION (City or )	Iown) MO	ECA	I CAMA ATA
	430.	REMOVAL (Species)	AL 11.9.		UNION E.		CKEMATUKT	RUF		CELEY	SPR I	MOC DANS AN
	24	. FUNERAL DIRECTOR		- 1	ADDRESS	7 0	25 n	REC'D BY REGIS		REGISTRAR'S SE		NGO
	F-	1	0 4 11.	-2	11	) 1-	1	10V 9		Miliani		dat.
		Tours	K of Allo	Duff.	Kentole	- 17	DATE	TUV J	TOO!	K	-0 Year	1

TO INTERIAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carboth pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, or removal, and in any event, within 12 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Roge 4 may be retained by the haspital ar ottending phymician. VR A15 (4) 25M 1/67

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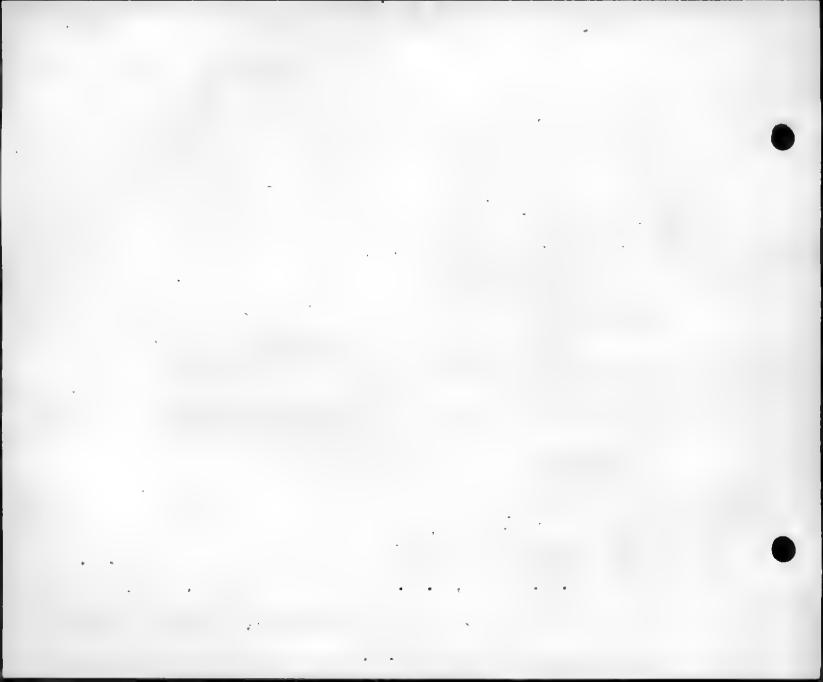
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## DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE	OF DEATH
PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
o. COUNTY , y.	I o STATE b COUNTY
Washington MARYLAND	West Virginia
b. CITY OR TOWN (It outside orporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside exporate limits, write RURAL and give nearest town)
Williamsport 6mos. 17 days	martinsburg
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS
Williamsport Sanitarium	303 W. Burke St. VES NO X
3 NAME OF First Middle	Lost 4 DATE Month Day Year
DECEASED Q //	OF -
	Butler DEATH Youember 6, 196%
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.     lost brithday   Months   Days   Hours   Min.
Zemale Cuhite WIDOWED DIVORCED 1	December 4, 88 vis
100 US JAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12 CHT ZEN OF WHAT
during most of working life, even if retired)  OFFICE WORK HEALTH DEPT.	Shepherdstown W. Va. CUSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
7/ 1 9/ 1	81: 1 11 20:11:-
Horahamonepherd	6/12 photh Williams
	NFORMANT (SISTER) Address MArtinsburg
105, 10, 01 silkinowith (11 yes give wor of doles of service) 236-10-1247 Am	SSLAUTA Shepherd-203W BUTKE St.W.VA
1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY.	Sport facture OSETAND CATES
4221 IMMEDIATE CAUSE (a) COLL SES DIVE	recel acces 2 ans
DOE TO 6 1 D	<i>I</i> 3
Conditions, if ony, which gove) (b) ATTICLE SCI.	evotic condition
rise to immediate couse (a), stating the underlying couse	
sisting the bilderlying coase	3culardisease 1/04/7
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS ALTOPSY
nene	PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Post I of Post II of Nem 1B)
OR CONTRIBUTING CAUSE OF DEATH	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF IN JRY (Home; farm 20f (City or lown) (County) (State) ory, street, office bldg , etc.)
pm 19 of work and work	ory, sincer, or needing, site )
21. I certify that (I) (this because attended the deceased frank)	oril 21 , 1967 to Nov 6 , 1967, that (1) (42) last
saw the deceased alive arectober 23 19 67 and that	t death accurred at 8 A.M. from causes and an the date stated above.
220 SIGNATURE OF THE WAR AND T	22b DATE SIGNED
	ATTENDING MED. STAFF
- I I I GUILLOS M.I	
22c. PHYSICIAN'S NAME (Type) M. E. Byrkit, M. D.	22d ADDRESS
NAME (Type) M. E. Byrkit, M. D.	Williamsport, Maryland 21795
230 BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (Stote)
BEMOVA (Specify)  November 9 10 10 10 10 10 10 10 10 10 10 10 10 10	CEMETERN SURPHERDORNING TERRORS 11/1/4
24. FUNERAL DIRECTOR  ADDRESS  ADDRESS	)-( FMFTFRY ) HEPHERDSTOWN - JEFFERSON - W. VA 250 REC'B BY REGISTRAR _ 25b REGISTRAR'S SIGNATURE
Harpers Fer.	1 1101/4 - 4007
Nonexactacker W.Va.	TY DAROUV I 6 1961 scharles Judge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove corbon papers—ragges 1 and 2 should be filed with the State Dept. of Health prior ta burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 frours after death. Page 4 may be retained by the hospital or oftending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL DECORDS

		· DIAISIG	DN OF VIII	AL KELUKU	5, 301 14.	PKESTO	N SIKEEL, DALIHIN	OKE, MAK	TLAND ZIZ	VI 📑	3032	
	1.667	i)			CERTIF	ICATE	OF DEATH					
	PLACE OF DEATH o. COUNTY	LASHIN	1570N	/	MAR	YLAND	2. USUAL RESIDENCE ( o. STATE	Where deceo		ounty	dence before od	~
	b, CITY OR TOWN (I	f autside corparate give neorest town)	limits		GTH OF STAY I	IN Ib	c. CITY OR TOWN (If or	utside corpor	ate limits, write	RURAL ond	give neorest to	мп)
	ACERS7	OWN			iga.		BERKEL	ey_	PRINTS:	2		
	d. NAME OF HOSPITA	AL OR INSTITUTION I	(If not in hospi		at oddress)		5275	h Was	HILLTO		a IS OI YES	RESIDENCE N A FARM? NO 🗗
	NAME OF DECEASED (Type or print)		First	/	Middle	Ca	Lost	4 DATE OF DEATH	1/-	lonth /	Doy	Year 19 6 7
S.	EMALE	6 COLOR OR RACE	7. MARI	ニニー	IEVER MARRIED DIVORCED		DATE OF BIRTH	87	9 AGE (In years lost burthday) yrs	Month:		OUTS Min.
10o duri	USUAL OCCUPATION no working i	life, even if retired)	done 10	DE KIND OF B INDUSTRY	USINESS OR		II BIRLY PLACE (County	& State, or fo	creigh country)		CITIZEN OF WE	AT
13.	FATHER'S NAME	. 11	ORC	USE			14 NOTHER'S MAIDEN		= V	Sin	TZER	
IS (Ye	WAS DECEASED EVE s, no or whknown)	R IN S S ARMED FOR (If yes give wor or do		16. SOCIAL S	ECURITY NO	N	FURRY H	200		itaress NCOC	x, 14	0
	PART I. DEAN 33/2 Conditions, if ony, rise to immediate	which gove ) e couse (o), (			ond (c))	bral	Hemov	whay				AL BETWEEN AND DEATH
	stating the under	lying couse	(c)									
ATION	PART I OTHER SIG	GNIFICANT CONDITIO	- ' -	ING TO DEATH	BUT NOT REL	LATED TO TI	HE TERMINAL D SEASE CO	NDITION GIV	EN IN PART 1(0)		19. WA	S AUTOPSY FORMED?
L CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	20	b. DESCRIBE H	IOW INJURY O	CCURRED (	Enter noture of injury in	Port I ar Po	rt II of item 18.)	)		
MEDICAL	20c TIME OF INJU Hour o.n p n		10		CCURRED fot While of work		E OF INJURY (Home, farm ry, street, office bldg., etc.		(City or town)	) (	(County)	(Stote)
	saw the de	y that (1) (this eceased alive or			decensed	fram_A and thot	death accurred at	7P1	n 1000 M, fram cause	es ana an	the date st	(l) (we) la: atea abav
	22a SIGNAPORI	Ufre	une			M D	ATTENDING PHYS 22d ADDRESS	MED. DIRECTOR	STAFF PHYS.	22ъ.	DATE SIGNED	
22-	22c. PHYSICIAN'S NAME (Type)	N J 236 PAT	THEREOS	22-	NAME OF CLAS	CTERV OR C		1 224 44	CATION ICA	Taak	(County)	(Sauta)
230	BURIAL, CREMATIO	IN, 230. DAT	E THEREOF	73Ç	NAME OF CEMP	PHEKT UK C	KEMATUKT	230-10	OCATION (City or	IOWIN	County)	j (State)

ADDRESS

256 REGISTRAR'S SIGNATURE

250. REC'D BY REGISTRAR

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fitted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages Land 2 shauld be filled with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after decent. TO HOSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

In fiftherd is

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CERTIFICATION

24 FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara decassed lived, if institution, Residence before admission) e. COUNTY b. COUNTY Washington West Virginia MARYLAND Berkel ev b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town! Falling Waters d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital YES T NO Route 1 (Marlowe) 3. NAME OF 4. DATE DECEASED OF DEATH November (Typa or print) Andrew Vernon Canby 27 1967 6. COLOR OR RACE T, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. ast birthdey) Months September 30.1891 DIVORCED [ WIDOWED X Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retlrad) Berkeley County.W.Va. U.S.A. Retired farmer Agriculture 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harriett A. Stuckey Samuel Canby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyes giva war or dates of sarvice) 236-56-3738 K. C. Miller-Hagerstown, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave risa to immadiata cause. DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO A 206. ACCIDENT WAS UNDERLYING FOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, ) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (State) (County) factory, streat, office bldg., atc.) Not While Hour a.m. at work at work 22b. DATE 22a. SIGNATURE ATTENDING SIGNED 11-29-67 DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) M.E. Byrkit M.D. 28 West Potomac St. Williamsport, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Spacify) Harmony Cemetery Falling Waters, Rt.1, W. Va. Burial 12-1-1967

ADDRESS

Home -- Martinsburg - W. Va

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATUR

Milare

VR A15 (4) 20M S-63



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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16034

CERTIFICATE OF DEATH

L			
	PLACE OF DEATH  O. COUNTY	2 USUAL RESIDENCE (Where deceased lived, if institut on Residence of STATE by COUNTY	e before admission)
1	WASHINGTON MARYLAND	5. 400	SHINGTON
	b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give	
	write RURAL and give nearest town)	TITE AT THE REPORT OF THE PARTY.	}
	RURAL HAGERSTOWN 6 YEARS  d NAME OF HOSPITAL OR INSTITUTION (14 not in hospital, give street oddress)	RURAL HAGERSTOWN	T e. IS RES DENCE
1	3. MAME OF PUSPITAL OR INSTITUTION (11 not in Pospitol, give street oddress)	d. SIKEEL ADDRESS	ON A FARM?
	2041 DOWNSVILLE PIKE	2041 DOWNSVILLE PIKE	YES NO V
	NAME OF First Middle DECEASED	Lost 4. DATE Menth	Doy Year
	(Type or print) FREDERICK CHARLES	CARMAN DEATH NOVEMBER	9. 1967
S :	SEX 6. COLOR OR RACE 7. MARRIED 🔀 NEVER MARRIED 🔲 8	8. DATE OF BIRTH 9. AGE (In years IF UNDER I lost birthday) Months	YEAR IF UNDER 24 HRS Days Hours Min
	MALE WHITE WIDOWED DIVORCED	OCT. 13.1904 63 vrs.	Doys nous Min
10a	JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITI	IZEN OF WHAT
dun	ng most of work ng life, even if retired)  SUPERVISOR  NOUSTRY  MACK TRUCKS IN		INTRY?
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.O.B.
	WILLIAM CARMAN	STELLA STEARNS	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 1	NFORMANT 2041 Add BOWNS	מזות סוודת
(Ye	s, no, or Jinknown) (If yes give wor or dotes of service) NO ************************************		
	NV 1 1140-03-621 M	RS. FLORENCE E. CARMAN, HAC	INTERVAL BETWEEN
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	MD.	ONSET AND DEATH
	IMMEDIATE CAUSE (0) TTCKEND CAN CHIO	me of usmany	1 to Kan
	DUE TO DIL CO.	7)	18/10/2
	Conditions, if ony, which gove tise to immediate couse (o), (b) (3 Laddes	<u>'</u>	
	stating the underlying cause ( DUE TO		
	lost. (c)		
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(a)	19 WAS AUTOPSY
(E)			PERFORMED?  YES NO F
CERTIFICATION	20o ACC DENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Port I of item 18.)	
18	OR CONTRIBUTING CO CAUSE OF DEATH	terror horizon or injury in your correct of the notice say	
8	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLAC	CE OF IN JRY (Harne, farm, 20f (Crty or town) (Cou	nty) (Stote)
MEDICAL	Hour a.m. While Not While focto	ory, street, office bldg., etc.)	any) (ana)
×	p.m. 19 of work L of work		
	21. I certify that (1) x hysylvespitally attended the deceased from	Dec 30 , 19 66 to 10 19 9 , 196	$\geq$ , that (1) (guye) last
		death accurred at 5 32M, fram causes and an th	
	22, SIGNATURE	ATTENDING - MED STAFE	TE SIGNED
	Schward W. D-17to III, MO	PHYS IN DIRECTOR PHYS NOT	1. 9, 1967
	22r. PHYS CIAN'S	22d. ADDRESS	MD.
	NAME (Type) EDWARD W. DITTO, III, M. J	D. 217 W. WASHINGTON ST. I	LAGERSTOWN
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town)	(County) (State)
	REMOVAL 11/9/67 GEO WASHIN	ICOON MINE CONT. DATE OF	7717
24	FUNERAL DIRECTOR ADDRESS	250. RECULBY RESISTEAR 1-250 REGISTEAR'S ST	GHATURE BRSSY
	office and the second s	DATE NOV I 5 1967 Julian	les judge
ш	CHARLES M. ROUZER, HAGERSTOWN.	MD.	
		a supply	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs ofter death. TO INTERAL ■INTECTOR: After this cert ficate has been signed by the attenting physician ■nd campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remave carbah pagers , Pe should be filed with the State Dept. of Health priar ta burial, cremotian, ar remaval, and in any event, with in 72 haur. Page 4 may be retained by the haspital ar attending physician.

Auneral Set and



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 bours after death.

VR AIS (4) 1 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICA	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
AS 4 3	CERTIFICATE OF DEATH	

	m > 0.20			CERTIFIC	JAH	E OF DEATI	Н		1 3 3	95	
1.	PLACE OF DEATH					2. USUAL RESIDEN	ICE (Where dec	eased lived, If Institut	ion: Residence	before admi	ission)
	a. COUNTY	Wash.		MARYL	AND	a. STATE	Md.	b. COUNTY	Wa	sh.	
	b. CITY OR TOW	N (if outside corporate	limits,	c. LENCTH OF STAY	IN 1b	c. CITY OR TOWN (I	f outside corp	orate limits, write R	URAL and giv	e nearest t	town)
	Hager	and give pearest town)		40 Yrs.			Hagers	town			
	d. NAME OF HOS	PITAL OR INSTITUTION	(if not in hos	pital, give street ad	dress)	d. STREET ADDRESS	3		0	ON A FAR	ENCE DM2
		9, Fourt	h Str	eet		9, F	ourth	Street	Y		0 🔲
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Month	Day	Year	
	(Type or print)	Joh	n	Lee		Carter	DEATH	Novembe	r 6	19 6	57
5.	SEX	6. COLOR OR RACE 7.	MARRIED	X NEVER MARRIED		B. DATE OF BIRTH	9.	AGE (In years IFU	NDER 1 YEAR		
	Male		WIDOWED [	DIVORCED		November 1	6,05	61 yrs. Mor	iths Days	Hours	Mın.
		ION (Cive kind of work doing life, even If retired)	ne 10b. KIN	D OF BUSINESS OR		West	County & State,	er foreign country)	L2. CITIZEN C	F WHAT	
	Own	er	Aut	o Repair	Ga		nia		COUNTRY	1	
13	. FATHER'S NAM	E			- Cu	14. MOTHER'S MAI					
		Edward C	arter				Ida V.	Mills			
15	. WAS DECEASED E	VER IN U.S. ARMED FORC	ES?   16. S	OCIAL SECURITYNO.	17.	INFORMANT		Address			
l ` '	No	( If yes give war or dates of se	217	-10-2799	M	rs. Kathr	vn Car	rter Hage	erstow	n. Me	d.
=	18. CAUSE DF	DEATH [Enter only one c	ause perlin	e for (a), (b)_and (c)		2	20			EVAL BETW	/EEN
		ATH WAS CAUSED BY:	//0	11/11/1/1/	110	CARKI.	of 1	Xalari.	ONSE	ET AND DE	ATH
	26000	IMMEDIATE CAUSE (a)	-	100		The contract of	7 0	ropure	THE.	2111	رد
	7 Danditions 10	DUE TO	12 A	306/1	2	0 1/	4017	111,	to a	+1	
	Cenditions, If a		Ne	rea sou	no	un ou	wa k	wieenac	100	KNE	23
	cause (a), st		1								5
-	underlying caus										
ATIO	PART II. OTHERS	ICNIFICANT CONDITIONS	CONTRIBUT	INC TO DEATH BUT NO	OT RELA	TED TO THE TERMINAL	DISEASECON	DITION CIVEN IN PAR		WAS AUTO PERFORME	ED?
15	OC- ADDIDENT	WIS HAIDED VINS CO	L Ook Dr	COSTRE LIBIT WILLIAM	V 5560	DOED IE A			YES	S NO	X
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING   NG   CAUSE OF DEATH FIFY MEDICAL EXAMINES	200. DE	SCRIBE HOW INJUR	Y OGGU	RRED. (Enter nature (	ot injury in Pa	rt I or Part II of Ite	m 18.)		
MEDICAL	2Dc. TIME OF I	NJURY Month, Day, Yes	ar   20d. INJ	URY OCCURRED   20	De. PLA	CE OF INJURY (Home, 1	farm, 201. (	City or town)	(County)	(Stat	ite)
<u>=</u>	Hour a.n		While at work	Not While	tacto	ry, street, office bidg.,	etc.)				
Σ	p.n					1/10	10/ 7 1-	01/201	10/ 7 ab	nh (f) (1110)	Look
		y that (I) (this hospita	ili, alkended			double any grad at	M, fro	m the causes and	19.62_, the		
	22a. SICNATUR	ceased alive on.	7 7 7	196/, ar	io that	death occurred at	3 3/1, IIC		b. DATE SIG		חחאה"
	220. 010117101	The same of	9			ATTENDING	MED	STAFF F	11 4	117	,
	22c. PHYSICIA	N'd	Me		M.D	, PHYS. XI	DIRECTOR	PHYS.	/-/-	6/	
	NAME (Ty		ed/	RIEG	0	1198.	Antic	FAM 51	4		-
23		ATION, 236. DATE THE	EREOF	23c. NAME OF CEI	VETERY	OR CREMATORY	23d. LO	CATION (City, town	or county)	(State	e)
	Bayyate	11-9-67	7	Rose Hil		Cemetery	Hag	erstown	. Md.		
24	. FUNERAL DIRE	CTOR		ADDRESS				TRARI 25b. RECIS	TRAR'S SIGN	TURE	
1		Funeral H	ome, I	Hagerston	vn.	Md. DATE N	OV 10	1981 fee	corles	udge	ie)
1											- =



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

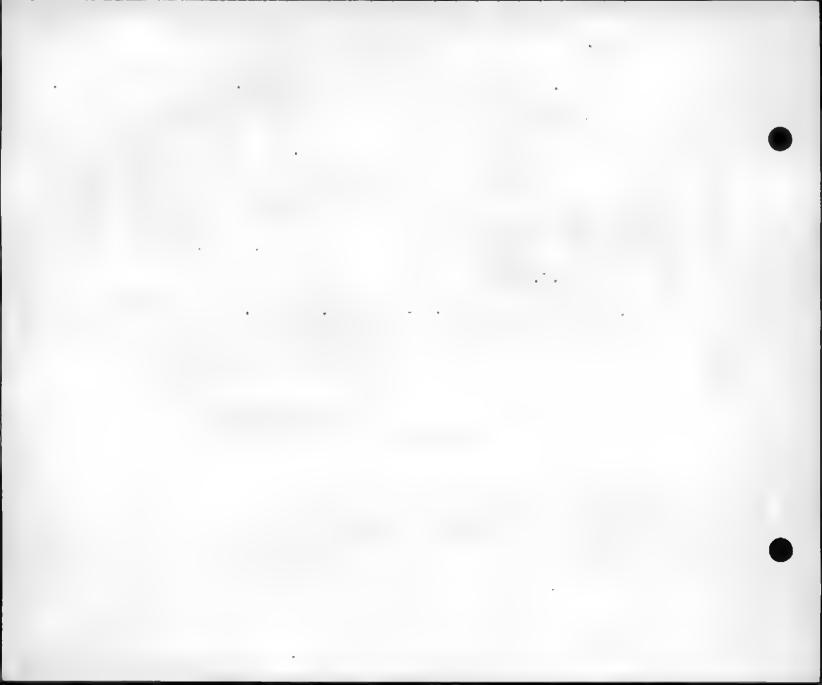
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#### CERTIFICATE OF DEATH

		Α.										
1	PLACE OF DEATH					2 USUAL RESIDENCE (V	Where decea			ce before	adm (ssia	n)
	a. COUNTY W	ash.		MARY	'LAND	o STATE Mo	d.	b. COU	MIA	Was	h.	
	b CITY OR TOWN (I	f outside corporate limit	5,	c LENGTH OF STAY II	N 36	c CITY OR TOWN (If ou	tside corpar	ate limits, write RL	JRAL ond givi	e nearest	town)	
	Hager	g ye nearest town) SCOWN		1 Day		Rura1	Hagei	stown				
-		AL OR INSTITUTION (If no	at in haspital, g	ive street address)		d STREET ADDRESS				e	IS RES D	
	Washing	ton Count	y Hosp	oital		Rt. 3				1	ON A FA	NO X
3	NAME OF DECEASED	Fi	rst	Middle		l.ast	4. DATE OF	Mor		Day	Yeo	-
L	(Type or print)		rence	John Cas			DEATH			27	19 €	
\$.	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		B. DATE OF BIRTH	1	9. AGE (In years last birthday)	IF UNDER Months	1 YEAR Days	IF UNDER Hours	24 HRS Min.
	Male	White	WIDOWED	DIVORCED		9-26-1892		75 yrs	J. A.O. III.3	Dujs	110013	,,,,,,
	o JSUAL OCCUPATION ring mast of working	(Give kind of work dane		ND OF BUSINESS OR		11 BIRTHPLACE (County			(0	ZEN OF	WHAT	
	Engine	er	Cor	nstructio	on	Weston,	West	t, Virg	inia	UNIKI ;		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I						
		M.J. Ca				Mary	Coll	lins				
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	of service) 16, 9	SOCIAL SECURITY NO	17	NFORMANT		Addi	ress			
	No.	102 3.10.14. 4. 40.00	231	4-18-1582	2 Mr	s. Mary S	· Cas	sey Hag	ersto	wn	Md.	
	B CAUSE OF DE	EATH (Enter only one cou TH WAS CAUSED BY,	use per line for	(o), (b), and (c))	122	ndne in				1 INTE	RVAL BET	WEEN
	PAKI I DEA	IMMEDIATE CAUSE	(0)	ungua Al	10	111/011		/	•	7	5 AND D	929
	F .	DUE	10	4656173	14 h	also the	1	1214	112	200	٠, .	
	Canditions, if any, rise to immediat		(b)	11/1000	aju	orce (rea	7/	Melia	10	101	non	1
	stoting the under		TO							1		
	last	, 0	(c)									
Z	PART II DTHER SI	GNIFICANT CONDITIONS	ONTR BUTING T		ATED TO	THE TERMINAL D SEASE CON	IDITION GIV	EN IN PART I(a)		19	WAS ALTO	D2
CERTIFICATION	11/1/	MAIN UI	1 (1000)	Jens	-							NO 🔯
Ĭ	20g ACCIDENT WAS	UNDERLY AG   CAUSE OF DEATH	20% DES	SCRIBE HOW INJURY OF	CCURRED	(Enter nature of injury in I	Part I ar Pa	rt II of item 18)				7 1
		MEDICAL EXAMINER)										
MEDICAL	20c TIME OF No.	RY Manth, Day, Year	V 20d W While	LJRY OCCURRED  Nat While		CE OF INJURY (Hame, farm		(City or town)	(Co	unty)	(	State)
뛽	p.r	n. 19	at wark	at work	100	milt, streat, other blog., etc.)						
	21   certif	fy that (I) (this has	pital) attend	led the deceased	fram_	3-31-67 t death accurred at	9	o 11-27	-67, 19_	, th	ot (I) (v	ve) last
		eceased alive an	11-21-6	<u>/19, c</u>	and tha	t death accurred at	651 pl	M, fram causes	and an t	he date	stated	abave.
	22a. SIGNATURE	Mar 1 de	4.			ATTENDING CT /	-MED."	STAFF -	22b. P	ATE SIGN	9-11	-7
	0000	INVariant	M		M.	D PHYS L	DIRECTOR	PHYS. L	1 //	10	0	
	22c PHYSICIAN'S NAME (Type)	F D. I.	ardizah	al, M. D.		22d, ADDRESS 300 North	Doto	mar Stra	ot Hac	eret	Olive /	Md.
-	<u></u>	7										
23	BUR AL, CREMAT C BUR 181	1	_	23c NAME OF CEME				DCATION (City or To		(County)	(5:	lote)
			-67		ven	Cemetery		gersto			r	
2	4. FUNERAL DIRECTO		TT a mr	ADDRESS	<b>L</b> =	250. KEC L	BY REGIST	1	EGISTRAR'S S		-	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72-hadrs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the death certificate be executed within 24 haurs after def Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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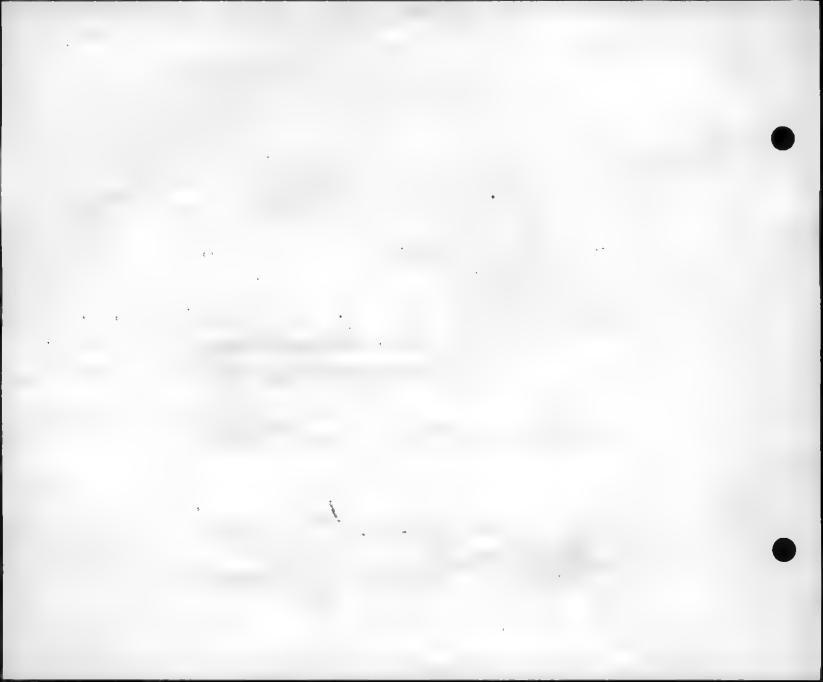
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-1		m > 0 a	0		CENTI	IFICATE	OF DEATH						
ı	1. P	LACE OF DEATH					2 USUAL RESIDENCE	(Where dece	ased lived, if institute	ian: Res de	nce befor	e admissio	n)
1	0	a. COUNTY T	'arbinetor		44.	Anton and a	o. STATE art la	nd		ITY ,			,
H	- 6					RYLAND					<u>_</u>		
-		_write RURAL gnd	if autside corporate limit I give nearest tawn) DWN	5,	c. LENGTH OF STA		c. CITY OR TOWN (If			(AL ond gr	ve neores	r rown)	
ı		Hagersto	own		5 da	S	Villian	aport				1 1	
,			AL OR INSTITUTION (If n	, .	give street address)		d STREET ADDRESS					ON A FA	RM2
	V.C	ashingtor	n Courty Ho	pital			//8 E.	Salis	lory St.			YES	NO X
-		NAME OF		rst	Middle		Łast	4. DATE			Day		
	(	Type or print)	ADCLPIT	S	MILLIM		CIRISI AN	DEAT	H Coverile:	r	9	19	7
1	S. 5	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARR	IED   I	B. DATE OF BIRTH		9 AGE (In years	IF UNDER		IF UNDER	
		***II	Thite	WIDOWED	DIVOR	CED 🔲	July 24,18	378	lost birthdoy)	Months	Days	Haurs	Min
			(Give kind af wark dane		IND OF BUSINESS OR		11 BIRTHPLACE (Count	ly & State, or	fareign country)		ITIZEN OF		
1		ng mast af working La recen		11	Tannery		Washingt	on Co	Tary land		OUNTRY? U.S.A		
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	I NAME					
1		Jo	ohn Luther	Chrism	an		Sarah F	ewos					
1	15.	WAS DECEASED EVE	R IN U.S ARMED FORCES?	16.	SOCIAL SECURITY NO	17 1	NFORMANT		UR F. Addre	Mi chi	yar - C	trac	+
-	(Yes	s, na <sub>k</sub> or unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates:	of service)	J-01-9856	3/90	Dugrne Sn	July 1 Ja .				1100	4.7
1	T	<u> </u>	ATH (Enter anly one ca			Bur	7 /	1, y c 71	*********	-100		ERVAL BET	WEEN
١	- [	PART I DEAT	TH WAS CAUSED BY	(1)	10 101	01	burne	an.	1)			SET AND D	
1	- 1	332×	IMMEDIATE CAUSE		- Comme		VUUVIII	0	1		12		45
-		Conditions, if any,	DUE	10	5/08	10	Cerosin	S	(2 -)		در را	L. K	
1		rise to immediat	following a	(b)	neru	and the second	cowsed	_/\/_	Lyl,		MILL	pos	Car.
1	_ [	stoting the under	rlying couse DUE	10									- (
1		lost.	,	(c)							1		
-	<b>∡</b>	PART II, OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT	RELATED TO	HE TERMINAL DISEASE C	OND THON GI	IVEN IN PART 1(a)		19	WAS AUTO PERFORMI	
	CERTIFICATION	X	-here	me	alord		Arch.	witu			Y		NO NO
	뜵	200 ACCIDENT WAS		20b. DI	SCRIBE HOW INJURY	OCCURRED	Enter nature of njury	n Port I or P	Part II of item 18.)				-
1	쯢	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)										
1	MEDICAL		JRY Manth, Day, Year	20d l	NJURY OCCURRED	20e PLAC	E OF INJURY (Home, fa	rm 20f	(City or town)	- (0-	gurty)	7	State)
1	릊ㅣ	Hour an	n.	While at war	44 444 4		ory, street, affice bldg , et		4	,-	17	·	,
1		21 I and				ما قدمین	Factor 1	10 6 /	to 1400 i	X 10	1/2/11	=A /() /.	tout
1			by that (I) (this has eceased alive an	CAN.	led the decease	a from	death occurred o						
- 1	ŀ	220. SIGNATURE		1	7	, 4.14.,	accompanies of	7500			DATESIGN	- 4	95070.
		-	With Files	11/0		1 M	ATTENDING NO. PHYS	"MED DIRECTOR	STAFF PHYS	1 //	191	117	7
		22c. PHYSICIAN'S	770/-		//	~	22d. ADDRESS	11	^ /-	111		0-	
		NAME (Type)	HRIL	RO	KIZIA	0	1196	Mosti	Clam ST	,			
1	230.	BURIAL, CREMATIC	ON, 23b DATE TH	EREOF	23c NAME OF CE	METERY OR	CREMATORY	23d	LOCATION (City or To	wn)	(County	) (5	ate)
		REMOVAL (Specify	Nov.11	1067	C+ D	7 41 - 0	7 L -		r Clearsp	,	, ,	,	-
1	24.	FUNERAL DIRECTO	R		ADDRESS		omoter:	C'D BY REGIS	TRAR 25b RE	GISTRAR S	S.GNATU1	REA	
		Allert !	Leaf '	'illiam	sport, .a	rolas (	DATE	MOV 1	0 1967	Milio	res	Judy	pr.
							DAIL	I VUV	U IUPI ,	H		(1 V	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificats be executed within 24 bours after death Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the fundamental director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and so should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A15 (4) 25M 1/67



10048

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

TO FUNIRAL DIFFCTOR: After this carrificate has been signed by the attending physician and campletely fifted in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pagers. Pages I and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after degits.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

41 / I						CERTIF	CAIL	OF DE	AIII							
		PLACE OF DEATH o. COUNTY	Washington			MARYI	AND	2. USUAL RI a. STATE		Where de		d, if institut b. COU	1 100 1	ence befor		an)
		b. CITY OR TOWN ( write RURAL and	if autside carparate limits I give nearest town) COVM	₹		C. LENGTH OF STAY IN		c city or t Rural		utside com		ts, write RU	RAL and gi	ve neores	t town)	/
//		d. NAME OF HOSPIT	at or institution (if no on County H			ve street oddress)		d. STREET AI	DDRESS RFD #	1,					ON A FA	DENCE ARM? NO
nr, wire		NAME OF DECEASED (Type or print)	Fir Howar			Middle Melvin		Lost nurchej		4. DAT OF DEA	TH Nos		中,	Doy 3		6.7
iny eve	5. :	sex Sale	6. COLOR OR RACE White		DOWED [	NEVER MARRIED DIVORCED			27,		last	(In years birthday) yrs.	Months Months		Hours	M.n
and in	duri	ing most of working	I (Give kind of work done life, even if retired)			of Business or USTRY Fam.			harp:	sbur		ontry) yland		OUNTRY?		
noval,			George Wash	ing	ton	Churchey		14 MOTHER	annie		rance		wis			
n, ar rei	15. (Ye	WAS DECEASED EVE s, no. or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates o	f servi		1-36-0457		NFORMANT Euger	ie Chi	irche	y S	Addro	,	Md.		
shauld be tiled with the State Dept. at Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after death	2	Canditions, if any, rise to immediat storing the under lost.	e cause (a), DUE	TO (b) TO (c)		DEATH BUT NOT RELA				NDITION (	GIVEN IN F	ART 1(a)			WAS AUTO	OPSY
t, at Health	L CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING	PERTENSION SUNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	,	20b DESC	RIBE HOW INJURY OC	CURRED. (	Enter nature o	F înjury in	Port 1 or	Port II of	item 18.)		Y	PERFORM	NO D
ate Dep	MEDICAL	Hour a.r p.r	n. 19		While ot work	Nat While at wark	facto	E OF INJURY ( ory, street, affic	e bldg., etc.			or town)		aunty)	<u> </u>	State)
h the St			fy that (I) (this hospeceased alive on _			ed the deceased f	ram_ nd that	death occ	urred of	967 9 A	, ta _M, froi	n causes	and an	<u>らフ</u> , th the date DATE SIGN	e stoted	we) last I above.
filed wil		22c. PHYSICIAN'S	Seman				M.D	M.D PHYS PHYS DIRECTOR DIRECTOR DIAGONAL STAFF PHYS DIAGONAL STAFF								
d be		NAME (Type)			LLO											
shav	1	REMOVAL Specify BUT 12 1.  FUNERAL DIRECTO	Nov. 6	-67		Mt. View			25o REC'I		Shar	City or To			o. li	tote)
DU		Albert I	L. Leaf Wi	lli	amsp	ort Maryl	and		DATNO		196	7 9	Clipy	4	11.64	



	1004	6			CERT	FICATE	OF DEATH			1	9333
Ŧ,	PLACE OF DEATH						2. USUAL RESIDENCE a. STATE	(Where deceased	lived, if institut	ion: Residence	befare admission
1	o. COUNTY	shington			MA	RYLAND	Pe:	nna.	D. COU	Arcı	nklin
г	b CITY OR TOWN (I	autside carparate in			c. LENGTH OF STAY	/ IN 1b	c CITY OR TOWN (If	autside corporate	limits, write RUI	RAL ond give	neorest town)
	write RURAL and	give neorest town)			3 weel	(S	Merc	ersbur,	2		
$\vdash$		L OR INSTITUTION (IF	pat in h	aspital, ai			d STREET ADDRESS		2		e IS RESIDENCE
						1	· ·	.Calif	arnia	St.	ON A FARM?  YES NO 🔂
2	NAME OF	ngton Co	First	1000	Middle		Lost	4 DATE	Mant		Day Year
3	DECEASED							OF		.4,19	
Ļ	(Type or print) SEX	Wil			Henry		Clark DATE OF BIRTH	DEATH	AGE (In years	IF UNDER 1	
3		6. COLOR OR RACE		ARRIED [	NEVER MARRI			7.	last by thday)		Days Hours Min.
	Male	White		IDOWED (	DIVOR	.ID 니 5	/24/1895		⟨ ∠ yrs.		
100	USUAL OCCUPATION ring most of working I	(Give kind of wark do	ne		ID OF BUSINESS OR		11 BIRTHPLACE (Cour	•	-	COLL	ZEN OF WHAT NTRY?
QUI	Larbe	r		Dai	ustry rbering		Clearsp	ring, L	d.,R.1		SA
13	FATHER'S NAME						14. MOTHER'S MAIDE				
	Oli	ver Clar	k				Barbar	a Blai:	Lo .		
15		R IN U.S ARMED FORCE (If yes give war or dote		16,50	OCIAL SECURITY, NO	17 (	NFORMANT		Addre	ess P	onna.
(Y	es, na, ar unknown)	(If yes give war or dote	s of serv	(e)189	9-18-50	37  Nr	s. Willi	am II.G	lark.M	ercer	sburg.
H	Yes	ATH (Enter only one	Guea Na	luna Fac (	(n) (b) and (s) )	1 23-	11.00				INTERVAL BETWEEN
	PART I. DEAT	IN MARK CALLERY BY		-							ONSET AND DEATH
	,						c cardio			sease	<u>years</u>
	Conditions of new		UE TO	and	malnut	rițio	n due to to duode	ințesț	inal		6 months
	Canditians, if any, rise to immediate	(n) esum		obst	ruction	<u>n due</u>	to auoa	enar_u.	<u>lcer</u>		o months
	stating the under		UE TO								
	last.	,	(c)								
Z	PART II. OTHER SIG	SHIFICANT CONDITIONS	CONTRI	BUTING TO	DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE (	ONDITION GIVEN	IN PART I(o)		19. WAS AUTOPSY PERFORMED?
ATEG											YES NO X
CERTIFICATION	20a. ACCIDENT WAS	UNDERLYING 🗆		205. DES	CRIBE HOW INJURY	OCCURRED. (	Enter noture of injury	n Part I ar Part I	1 af item 18.)		
	OR CONTRIBUTING	MEDICAL EXAMINER)									
MEDICAL	-	RY Month, Day, Year		20d. INJ	JURY OCCURRED	20e. PLAC	E OF INJURY (Hame, fo	ırm, 20f	(City or town)	(Cour	nty) (Stote)
뒽	Hour o.m	1.	9	While	Nat While	1 facto	iry, street, office bldg., e	tc.)			
	р.п			at work	at work L	d frame	J11   37	10 ft / to	Novem	perio	<u>6</u> ,/that (I) (we) la
	ZI, I cerrii	y mar (I) (mis n	aspiiai M	) arrena Casa	2 10 6 7	a frum	death accurred	17 4 A M	from courses	and on the	e date stated abav
	22a. SIGNATURE	eceasea alive or	1 11			, you mai	dedili decorred	u1	num tuuses		TE SIGNED
	220. SIGNATURE	111			1111	<u></u>	ATTENDING EX	MED. DIRECTOR	STAFF		/6/67
L	no numericani c	Jake	MI	1 11	Week	M.D					* *
	22c. PHYSICIAN S NAME (Type)	Howard	N.	Week	ks. M.D			580 No:	rthern	Aven	ue
	ļ <u>-</u>							Hagers			
23	a BURIAL, CREMATIO	N, 23b DATE	4		23c. NAME OF CE				ATION (City or To		County) (Stote)
	REMOVAL (Specify)		/67	7		Run B	rethren	Ver	cersbu	r Pa	3.#2
2	4 EUNERAL DIRECTO				ADDRESS			C'D BY REGISTRAL	R 25b RI	EGISTRAR S SIG	GNATURE
1	T.111.	ming	N	146	ercersh	urg, P	a. DATE	NOV 8	1967	your	ver Judge

Mercersburg, Pa.

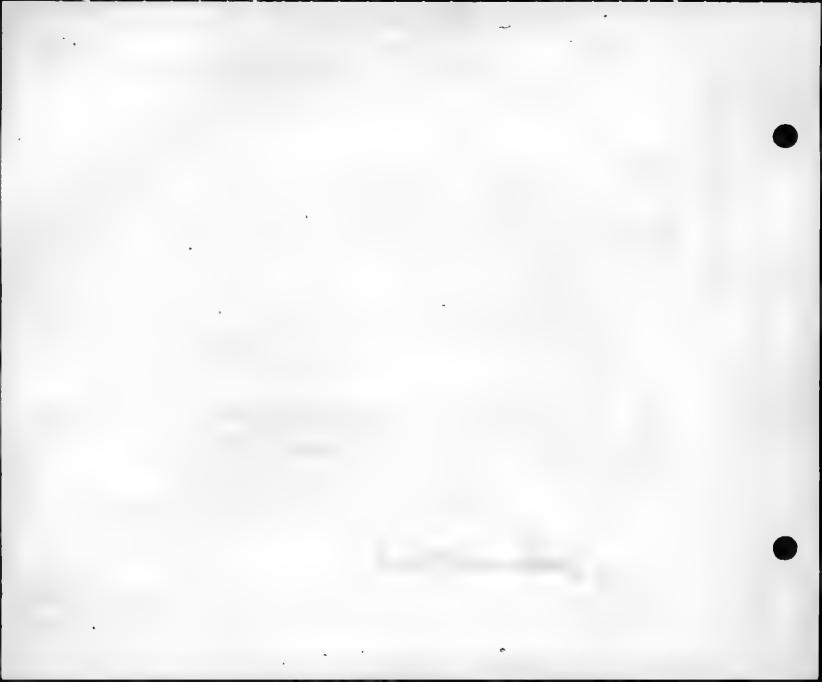
Page 4 may be retained by the hospital ar attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and directar, page 3 should be detached for use as the burial-transit permit. Then please remained be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any

completely filled in by the funeral over tarbon papers. Rages I and 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the seath certificate be executed within 24 haurs after seath.

ofter death.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18049

1 and 2

the fuheral

death.

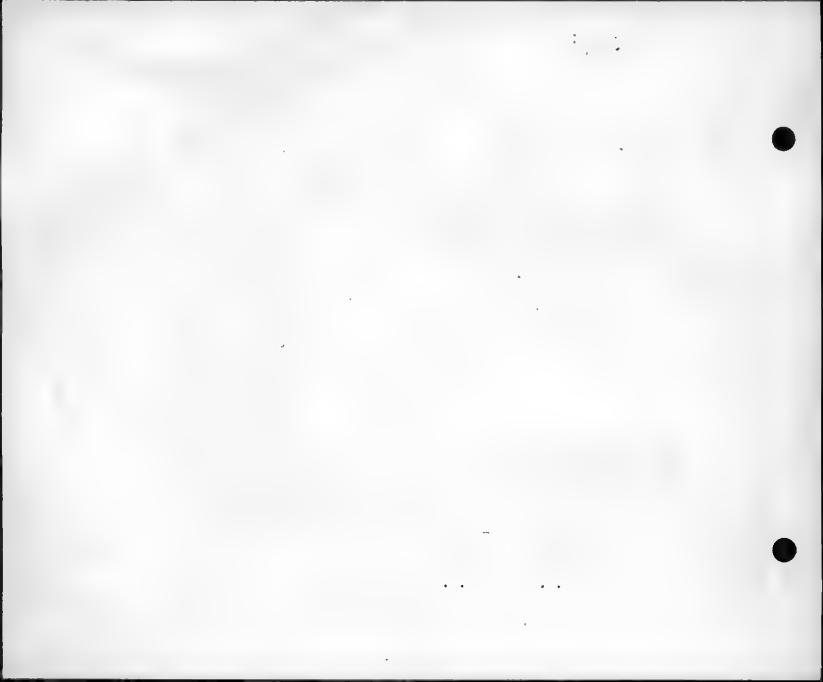
TO HONDITAL OR ATTINDING FIFYSICEM: The farm requires that the death certificate by executed within 24 hours after death.

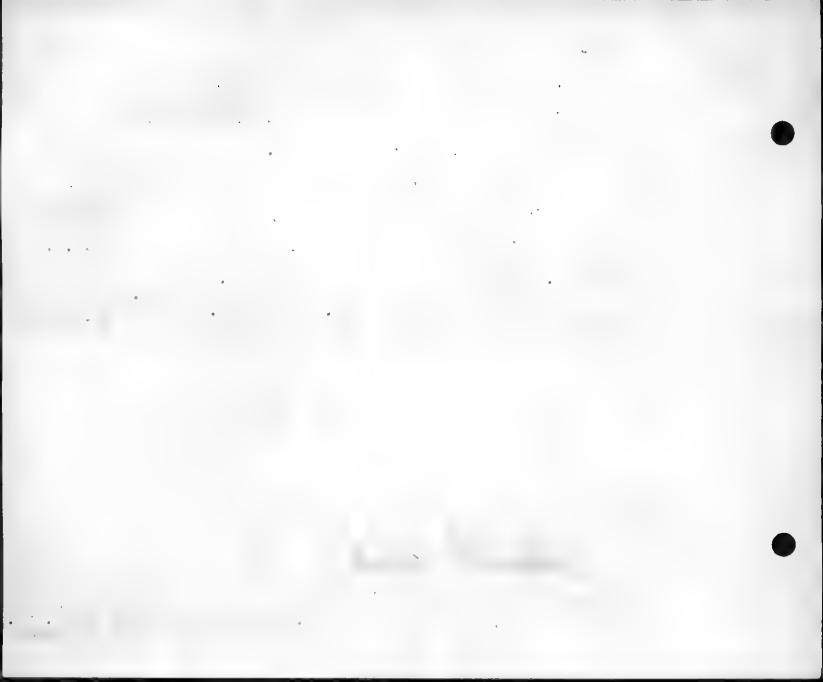
Page II may be retained by the harpital or attending physician.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

			CERTIFICATI	C O. DEATH					
PLACE OF DEAT	Н				(Where deceo	sed ived, if nstitution	Residence before	e odmiss o	n)
o. COUNTY	Vashington		MARVIAND	o. STATE M		b. COUNTY	111 -	p.	
	_	-6-	MARYLAND  C LENGTH OF STAY IN 16	CITY OF TOWN US		and the second of the property			
WTITE KURAL	N (If outside corporate lim and give nearest town)	ITS,		William	outs de corpor	ote limits, write RURAL	ond give reores	riownj	
William	sport		Lifetime	MTTTTGIL	121.0			1	,
d NAME OF HOS	pital or institution (if otomac Stre	not in hospitol, BL	give street address)	d STREET ADDRESS 22 W. Po	tomac	Stree+		e IS RESID ON A FA	
NAME OF		First	Middle	lost	T 4 DATE	Month	Doy	Yea	
DECEASED (Type or pnnt)	Margare		Eve	Corby	OF DEATH	N* 0	Ö		( "
SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	R DATE OF BIRTH	T	9 AGE (In years 11	F JNDER 1 YEAR	IF UNDER	24 HRS.
To. B. 6	White	WIDOWED		April 5 1	880	does birthdoy) N	Agnths Doys	Hours	Min.
S (1501) 05511517						Yrs.	1 60	11/11/47	
	ON (Give kind of work doning life, even if retired)	e IUb. K	IND OF BUSINESS OR IDUSTRY HOME	1) BIRTHPLACE (Count	y & Stote, or fo	steign country)	12 CITIZEN OF COUNTRY?		
	cwife	1	TOTAL	William	rport	MA		L.S.	
13. FATHER'S NAMI		97		14 MOTHER'S MAIDEN		1.01			
	David H.	Harsh		Ma.	linda	Wilson			
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES	7 16	SOCIAL SECURITY NO 17	INFORMANT	2	2 1. PAddress	20 C+		
(Yes, no, ar unknow	n) (If yes give wor or dote:	of service)	17-56-0373-4	Lorien Cor	1 - 7 - 7	Tion of the	Toron To	3	
				TO 126 . COI	7 71	Jac - Part			
	DEATH (Enter only one of			-1			INT	ERVAL BET	NEEN
PARI I E	DEATH WAS CAUSED BY: IMMEDIATE CAUS	E (a)	Pawalae a	STURST			100	AND D	22
7330		E TO a	. ^	*					
,	ny, which gove	(b) A	theresche	estic es	يهرني ليكسود	mascuala	/ /5	Cru	7
	iote couse (o),	E TO	Corepagn	- CD	<u> </u>	Correct of		7/	>_
	iderlying couse				Oi	DARCO		1	
lost .	,	(c)			انجن				
PART IS OTHER			TO DEATH BUT NOT RELATED TO	*				WAS AUTO PERFORME	DS DSA
Carci 200 ACC DENT OR CONTRIBUTE	noma v	tewis.	3 with occ	-lacion of	lotte	moudl ve	ssels Y		NO 🔽
200 ACC DENT	WAS UNDERLYING 🗀		ESCRIBE HOW INJURY OCCURRED						
OR CONTRIBUTE	NG □ CAUSE OF DEATH			,		, , , ,			
	IFY MEDICAL EXAMINER)	- 2011	MIUDY OCCUPATATION NO. 10	T ACC OC INTURY /U. 20 20AL	7 204	Make as haven)	(Caab.)		*A - a - \
20c TIME OF Hour	NJURY Month, Day, Year o.m.	While		LACE OF INJURY (Home, fail octory, street, affice bldg, et		(City or town)	· (County)	ĺ	State)
	p.m 15	ow fo		,,, parent of , e	′				
21. l ce	rtify that (I) (this ho	spital) atten	ded the deceased fram_		19	to	_, 19, th	at (I) (v	ve) la
	deceased alive an _		19 <b>67</b> , and th	at death accurred a	19:40	M, fram causes an	d an the date	e stated	abay
220 SIGNATU		7 //	17				22b DATE SIGN	ED	
1	1/1/1/	111/1	1	N.D PHYS	MED DIRECTOR	STAFF D	11-9-6		
22c PHYSICIA	M.C.	your .	V				, , _,		
NAME (T)	pe) M.E. By	rkit M.	$D_{\bullet}$	128 West	Poton	ac Street			
230 BURIAL, CREMA			23c NAME OF CEMETERY O	R CREMATORY		DCATION (City or Town)			ore)
REMOVAL (Spe	dfy) Mov.	17-67	Rivervice '	Constery	T. 7-5	Illiamsport	t Wast		
24 FUNERAL DIRE	CTOR		ADDRESS		D BY REGIST	RAR 2Sb REGIS	TRAR'S SIGNATUL	RE	
^lbert			white het		0.1.10		carley 5	noch	
4 4 7 4 4			THE PATE OF	I DATALL	1 2 / 1 - 7	134754 160	/ LPTI		





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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	_ 4 0 0 0	CERTIFICATE		13042	
	PLACE OF DEATH COUNTY WASHINGTON	MARYLAND	o STATE MARY		WASHINGTON
	o CITY OR TOWN (If autside carparate limits, wring the transfer of the transfe	75 YRS.	RURAL HA	de corporate limits, write RURAL AGERSTOWN	and give nearest tawn)
	AVALON MANOR NURSING	ive street address) HOME	d street address RT.#4		e IS RES DENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print)  ANGLE		DALEY SR.	4 DATE Month OF DEATH NOVEM	
_	MATE WHITE WIDOWED	DIVORCED	11/4/1878	last bethdoy) M yrs.	under 1 Yeak of Under 24 Hrs. anths Days Haurs Min
ווט	ng most of working like even their add MAN IN	ND OF BUSINESS OR RATL ROAD		YLVANIA	COUNTRY?
3.	THOMAS DALEY		14. MOTHER'S MAIDEN NA SUSAN C		
S. Ye	s no or unknown). (If was give wor or dates of service)		RS. CATHER	Addr	-#4 HAGERSTOWN
	18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (a)	(a), (b), and (c).) Mayor obdi	el rajay	steon	INTERVAL BETWEEN SISET AND DEATH
	Canditians, if any, which gave itself to immediate cause (a), stating the underlying cause lost.  (c)	Crleriosel	eratic to	earl dereas	e sidely
ALION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE CONDI	ITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO ZI-
LUERAILIA	20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED (	Enter nature of injury in Pa	rt - or Port II of îtem 18.)	
MEVICE	Hour a.m. White p.m. 19 at wark	Nat While at work at work	TE OF INJURY (Home, farm, ary, street, office bldg., etc.)	20t. (City or town)	(Caunty) (State)
	21. I certify that (1) (this hospital) ottend saw the deceased alive an 7 th - 8		/ /		19, that (I) (we) last i an the dote stated above
	7. F. Casillo / Re	lent 7- Cock	PHYS DI	ED STAFF PHYS.	11-4-67
	PHYSICIAN'S F. E. ROSI	LLO	22d ADDRESS	aferene	~ Yuda
30	BURIA, CREMATION, 23b, DATE THEREOF REMOVES 1990 (17) A T. 11/6/67	23c NAME OF CEMETERY OR C		23d LOCATION (City or Town)	

250 RECD BY REGISTRAR DATE NOV 8

1967

25b REGISTRAR'S SIGNATURE

gelianles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tutterial director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban-pagers. Pages T and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3070

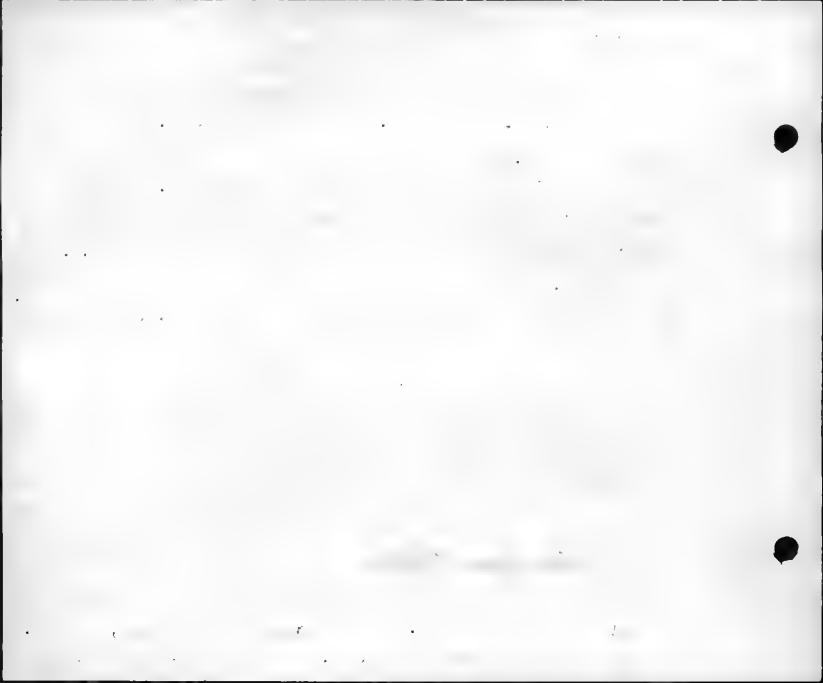
\		_ J O O L		CERTIFICAT	E OF DEATH		70020
)	3. MARE OF DICESTED SEATH DICESTED DICE						
		write RURAL and give nearest town) Ragerstown		10 days.	Will		• /
-1	1					S Artizon St	ON_A_FARM?
-		NAME OF First	y NOA				
		(Type or print) (Tattie	LADIES -				
	3		_		_	last hythday) [	
	duri	ng most of working life, even if retired) No usewife	INDAL	STRY	11 BIRTHPLACE (County Page Cour	& State, or foreign country)	
	13.		ewell.	-	14. MOTHER S MAIDEN	Anna Printz	
	TS (Ye	MIAC DECEASED EVED IN EC. ADMED CODORES	T 14 COV	CIAL SECURITY NO. 17		Addres	Williamsport, izan St. 14d.
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave is a immediate cause (a), (b) (b) (b)	line for (a)	beed myo	cordial in	faction	INTERVAL BETWEEN ONSET-AND DEATH OME THE STATE OF THE STA
	*	last (c)	C- BUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART I(a)	
	CERTIFICATIO	2Do ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH		RIBE HOW INJURY OCCURRED	Enter nature of injury in	Part f or Port II of Item 18)	
	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year Haur o.m.	While _	Not While fo			(County) (State)
		saw the deceased alive on					na on the date stated above.
		apric, Stant	)}		A.D. PHYS. Q		22b. DATE SIGNED
		LACE OF DEATH COUNTY  Washington  MARYLAND  OUTY OR TOWN (i) durable corporate lemits, write RURAL and gays mercet town)  Magacistown  Magy mercet town  Magy mercet town  Magy mercet town  Magy mercet town  Magnetis Devel  Washington  County Mospital  Of STAT II ib  County Or Down (i) durable corporate lemits, write RURAL and gave necres town)  Magnetis Devel  Washington County Mospital  Of STAT ADDRYSS  Washington County Mospital  Lost  Washington County Mospital  Lost  Washington  Office and one of the state of the st					
		Surial 011/19/6	z ]	Rest Haven	Cemeteru	Hagerstown	Washington Md_
	24		apel			4 40 100 100	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires thot the death cerifitate b≡ executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion VR A15 (4) 25M 1/67

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon plapes, should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in ony event, within 72 h.

the funerol des . 7 3/ 12

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. The law requires that the death certificate be executed within 24 haurs after death. funeral and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Maryland a. COUNTY Washington Washington MARYLAND 丰 c CITY OR TOWN (If outside corparate limits, write RURAL and give necrest town) b. CITY OR TOWN (If outside corporate limits, LENGTH OF STAY IN 1b write RURAL and give nearest town) haurs 24 hrs. Clear Spring. Md. Hagerstewn. A STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? pale YES # NO Rural and in any event, within Washington Co. Hespital campletely fi nave carbon <sub>(</sub> Middle 4 DATE 3 NAME OF LCIST. Month Day DECEASED Charles Edward Dennis Nov. 19 (Type or print) DEATH AGE (In years LE LINDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 7. MARRIED remove Months last birthday) Days WIDOWED DIVORCED 125/02 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a ien please during most of working life, even if retired) INDUSTRY COUNTRY? Retired Maintenance Washington
14. MOTHER'S MAIDEN NAME II S A Fairchild 13. FATHER'S NAME burial, crematian, ar removal, Flmira Cunningham Tobias H. Dennis WAS DECEASED EVER IN U.S. ARMED FORCES? Md. 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) 217-09-9833 Mrs Hazel Dennis Rd.1. Clear Spring INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p 3 days PART I. DEATH WAS CAUSED BY: Respiratory acidosis IMMEDIATE CAUSE (o). **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Chronic obstructive lung disease with Conditions, if ony, which gove pulmonary Emphysema rise to immediate cause (a). DUE TO stating the underlying couse the last. OS O WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health Pulmonary Hypertension Cor Pulmonale TO FUNIRAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home farm, (City or town) (Stota) 20c, TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o.m. Not While ot work at work 21. I certify that (I) (thischospital) ottended the deceased from Oct. 12 19 67 to Nov. 25 19 67, that (I) (West lost sow the deceased alive on Nov. 25 19 67 and that death occurred 4:45 PM, from causes and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. DIRECTOR 11/27/67 22d. ADDRESS Clear Spring, Maryland 22c PHYSICIAN'S Archie Robert Cohen.M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 230 BURIAL CREMATION. (Stote) REMOVAL (Specify) Pauls Cemeter Acco By REGISTE FUNERAL DIRECTOR VR A15 (4) 20 M 1/64 Clear Spring.



L	- 100	3		CEKIII	FICATE	OF DEATH				
ī	PLACE OF DEATH					2 USUAL RESIDENCE (V	Vhere deceased I ved, if inst	itution Residence	e before odmi	ission)
	COUNTY Washing	ton		MAF	RYLAND	Marylan	d Washi	ng ton		
	b CITY OR TOWN (	If outside corporate limit give nearest tawn)	\$,	c. LENGTH OF STAY	IN 16	c CITY OR TOWN (If our	tside corporate limits, write		neorest town	)
	Haber	stown		1 Day	Į	Hager	stown		,0,	>
		AL OR INSTITUTION (If n	ot in hospital,	give street address)		d. STREET ADDRESS				ESIDENCE A FARM?
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3	NAME OF DECEASED	Fi	rst	Middle		Lost	4 DATE A	Nonth	Doy	Year
	(Type or print)	RUTH	ELLE				DEATH NO		00	19
2	ZEX	6. COLOR OR RACE	7. MARRIED			B. DATE OF BIRTH	9. AGE ( n year:	s IF UNDER 1 ) Months	YEAR   IF UNI	DER 24 HRS
	'emale	White	WIDOWED	DIVORCE	āD 🔲	Oct 3 189	4 73 yr	s		
dui	<ol> <li>USUAL OCCUPATION ring most of working</li> </ol>	I (Give kind of work done life, even if retired)		IND OF BUSINESS OR ADUSTRY		1.	& Stote, or foreign country).	ICL. 12 CITI.	zen of what NTYSA	
L	Clerk			tab ten			dge Carrol	1 Ço	USA	
13.	. FATHER S NAME					14. MOTHER'S MAIDEN N				
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IS (Y	WAS DECEASED EVE es. no. or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes i	f service) 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	A	ddress		
Ľ	No		131	4-09-47	)9 Ge	orge F. D	1558 13 W.	Bal ti	more	St
		EATH (Enter only one cou	ise per line for	(o), (b), ond (c).)		Hager	stown Ld		INTERVAL ONSET AN	
	: 2/X	TH WAS CAUSED BY IMMEDIATE CAUSE	(o) Cere	ebral Hemo	rrhag	e		211 H	OUTS_	U UCAIR
	, ,	DUE	TO						Severa	1
	Conditions, if any,		(b) Hype	rtensive	Arter	iosclerotic	Vascular Di	sease	vears	
L	stating the under		TO							
1	last.	)	(c)							
CERTIFICATION	PART II OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RE	LATED TO T	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)		19 WAS A PERFO YES	ILTOPSY RMED? NO 🔀
Œ	200 ACCIDENT WAS		20b D	ESCRIBE HOW INJURY	DCCURRED	(Enter nature of injury in F	Post I or Port II of item 18		-	
		CAUSE OF DEATH MEDICAL EXAMINER)								
MEDICAL	20c TIME OF INJU	JRY Month, Doy, Year		NJURY OCCURRED		CE OF INJURY (Home, form		) (Cour	ity)	(State)
屋	9.п	10	While of war		TOCTO	ory, street, office bldg., etc.)				
	21. I certif	y that (I) (this has	pital) atten	ded the deceased	from_1	1-27- , 1	967, toll-28-	, 19.6	7, that (I)	(we) last
	saw the de	ceased alive an	11-28-	19 <u>67</u> ,	and that	t death accurred at_	8 A. M. from caus	es and an the	e date stat	ted abave.
	220 SIGNATURE		0	1-		ATTENDING	MED STAFF	22b DA1	IE SIGNED	
		N The	1 7	5 5	M D	PHYS	DIRECTOR PHYS	111-2	9-67	
	22c. PHYSICIAN'S NAME (Type)			/_		22d ADDRESS				
_			Ditto.				ton St., Hag		. Md.	
23	<ul> <li>BUR AL, CREMATIO</li> <li>REMOVAL (Specify)</li> </ul>		EREOF	23c NAME OF CEN			23d. LOCATION (City of	Town) (	County)	(Stote)
_	burial	11/30/	67	Rose Hi	.11 C	eretery	Hagerstow	n Wash	Go M	id
2	4 FUNERAL DIRECTO Andrew	k Coage	stown	ADDRESS		I DE	C 1 1967	PECISTRAR S SIC	NATURE	ge.
1	TITUL CW	K. Coffin	m th	meral Ho	ne I	no DATEULI	O T IOOU	1	1 6	7

ID HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after 72 haur TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers— spauld be filed with the State Dept. of Health priar to ■urial, cre≡atian, ar re≡aval, and in a≡y ■vent, within 72 hau Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



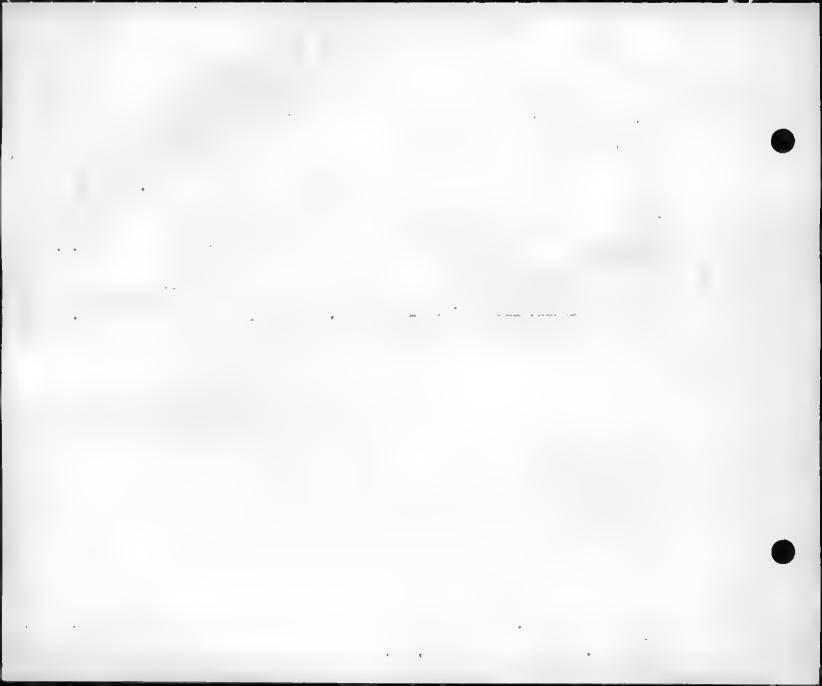
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after leath Page 4 may be retained by the hospital or attending physician.		age	filec
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VR A15 (4) 25M 1/67

100		or mac n	•		OF DEATH	THE PROPERTY OF THE PARTY OF TH	i	6046	
1 PLACE OF DEA o. COUNTY	Washington		MAR	rland	2. USUAL RESIDENCE (V		b. COUNTY	dence before odm Washingt	
Rura I	WN (if outside corporate limit		Lifetime			tside corporate limits,	write RURAL ond		
	ospital or institution (if no many than the company of the company				d STREET ADDRESS  Antiotam	Harpers I	erry RF	ON.	ESIDENCE A FARM? NO I
3. NAME OF DECEASED (Type or print)	Mary	rst <b>E</b>	Middle Middle	Ebe	ersole	4. DATE OII DEATH	Month Nov.	Doy 26	Year 19 <b>67</b>
s sex Female	6 COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARRIED  A DIVORCED		une 23 190	9 AGE (In	thdoy) Months	ER 1 YEAR IF UN	IDER 24 HRS
during most of wor	AT ON (Give kind of work done k no life, even if retired)	10b. KI	ND OF BUSINESS OR DUSTRY TOTHE		11 BIRTHPEACE (County	Maryland	try) 12	COUNTRY?	A
13. FATHER'S NAM	Charles Me				14. MOTHER'S MAIDEN I	lon Jami	son		
1S. WAS DECEASE (Yes, no, or unkno No	D EVER IN U.S. ARMED FORCES? wn) (If yes give wor or dotes o	of convire)	social security no. 19–20–1354		• Dannis M.	Phereale	Harper Dargan	s Ferry	RFD #1
Conditions, if	DE DEATH (Enter only one countries of the countries of th	(o) CO/ TO (b)	(a), (b), ond (c).) 200A R 4 7					INTERVAL ONSET AN	
20° ACCIDENT	ER SIGNIFICANT CONDITIONS C  D/ABET  T WAS JIMPERTYING  INTING CAUSE OF DEATH OTHER MEDICAL EXAMINER)	ES 1	1E LLIT	rus	TERMINAL DISEASE CON		,	19 WAS A PERFO	ALTOPSY DRMED? NO
20c. TIME OF	F INJURY Month, Doy, Year ir o.m. 19	20d II While			OF IN.URY (Home, form y, street, office bldg., etc.)		town)	(County)	(State)
21. 1 c saw th 220. SIGNAT	ertify that (I) (this has e deceased alive an URE	pital) atten	ded the deceased	fram and that	death accurred at	9 66 to 11 8 4 M, from 1 14 26 / 7 MED ST/ DIRECTOR PH	causes and an	9 67, that (1) the date sta  DATE SIGNED  11/>7/6	tea above
22 c. PHY MC NAME (	LAHS	+			22d. ADDRESS 120 W.			SBURG	MD
230 BURIAL, CREA BURIAL, CREA BURIAL, CREA	Nov.				r Cometery	23d LOCATION (C	Manor		(State)
24. FUNERAL DIR Albert	L. Leaf Wi	lliams	port, Md.		1	BY REGISTRAR DV 3 0 19	256 REGISTRAR		wigt.



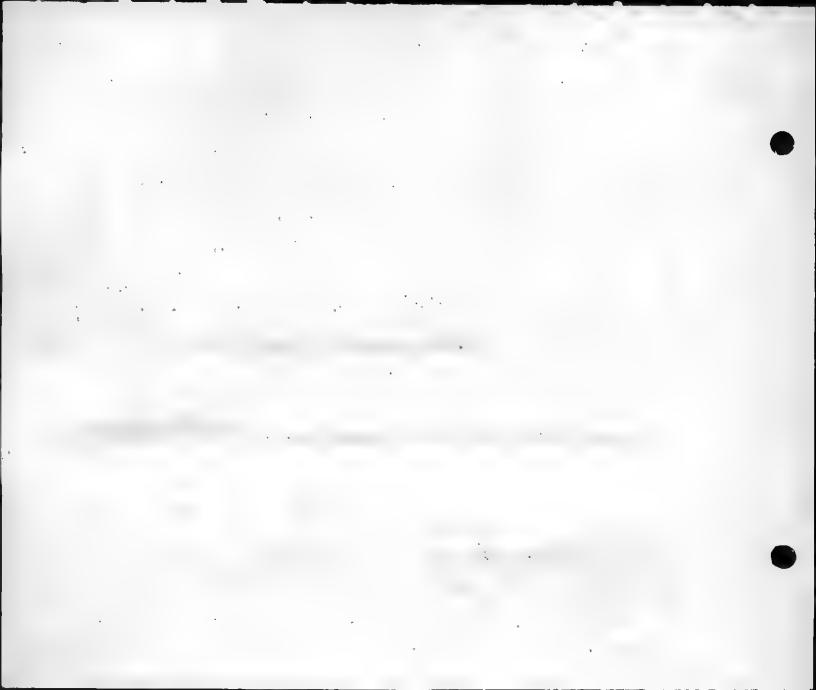
TO FURERAL PURENTER, After this certificate has been signed by the attending abjector and completely filled in by the timesal director, page 3 should be detached for use as the burial-transit mermit. Then meane remove carbon papers. Pages and 2 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

> VR AJ5 (4) 20M 1/65

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	a. COUNTY	d				2. USUAL RESIDENC					admission)
		va shing	ton	MARYLA	NO	a. STATE	nd	b. 4001	shing to	n	
			corporate limits arest town)			c. CITY OR TOWN (If		porate limits, wr	Ite RURAL and	give near	est town)
			arest town)	one wee	10	Hagersto	7 770				
-		ratown	ISTITUTION (if no	t in hospital, give street add		d. STREET ADDRESS	AATI			I a. IS R	ESIDENCE
			· ·		1000)					DN /	FARM?
	las	ningtor	County	Hospita!		1,39 Suranit	Ave.			YES	ND Z
3.	NAME OF DECEASED		First	Middle		Last	4. DATE	Monti	n I	-	ear
	(Type or print)		Carrie	Elizabeth	1	Eckstine	DEATH	l lov.	. 2	2 19	967
5.	SEX	6. COLOR C	DR RACE 7. MAR	RIED NEVER MARRIED	1 8	. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YE		
	Female	White				Arg. 24, 18	36	last birthday)	2 5		
1D:	. USUAL OCCUPAT	ION (Give kin	d of work done   1	Db. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Co	unity & State,	or foreign country	12. CITIZ COUN	EN OF WH	AT
	_	ouife		Horie		Washington	Co3	arylan!		USA	
13	FATHER'S NAM				Ĩ	14. MOTHER'S MAID	EN NAME		'		
	Tsa	aiah Ec	ckstine			Cece	lia An	n Summer	S		
15	, WAS DECEASED			1 16. SOCIAL SECURITY NO.	17.	INFORMANT		104 श्रावन	sams C	a Pari	
			ar or dates of service)	204-10-6253		.Kenreth Ec	leatina		EEC .		
_	0					•Valuetti Ec	SULTIO	71. VIS 7 7 4	amenor:	100	
				per line for (a), (b), and (c).	1	~ /	11 11			NTERVAL E DNSET AN	
	PART I. DI	EATH WAS CA IMMEDIAT	AUSED BY:  E CAUSE (a)	Tutar nnew	mos	via uch	+ for	ver lo	2	40	441
	ngha "		DUE TO			/ /					
	Conditions, If	any, which		•							
	gave rise to		DUE TO								
	cause (a), si underlying caus		DOE TO								
Z			CONDITIONS CON	TRIBUTING TO DEATH BUT NO	TOFLAT	TED TO THE TERMINAL D	ISEASE CON	DITION GIVEN IN	PART I(a)	19. WAS .	AUTOPSY
CERTIFICATION	1	7//	// -	#		1.1	Dlane.	Jez 16 set	Sant rom		ORMED?
FIG	Longen	14 /1	recorde		rings	ed solun.	e. an	lic & Water	Andu	YES X	No
F	2Da. ACCIDENT DR CONTRIBUT	WAS UNDER ING (□ CAUS	E OF DEATH	Db. DESCRIBE HOW INJURY	OCCUI	RRED. Ænter nature of	Injury In Pa	ert I or Part II o	of Item 18.	were,	-
	OR CONTRIBUT	TIFY MEDICA	AL EXAMINER)								
동	20c. TIME OF		nth, Day, Year   2	Dd. INJURY OCCURRED   20	e. PLAC	E OF INJURY (Home, fa	rm, 20f.	(City or town)	(County	)	(State)
MEDICAL	Hour a.r		19 a	While Not While at work at work	Tactor	y, street, office bldg., e	16.7				
2				tended the deceased fro	m	February 1	0/2 to	pine 2	1967	that (I)	(we) last
				Jacker 2 19 6 7, an		death occurred at 7	STOP I	om the causes	and on the	date stat	ed ahove.
	22a. SIGNATU		Ulliman	13, 011	n filar	GCGGI DOOGIICG GCA		DIN LIIC GGGGGG	1 22b. DATE		
П		5 10	ac 170.	cal.	NI O		MED.	STAFF PHYS.			
	22c. PHYSICI/	AN'S	Hora	arey.	M.D.	PHYS. 22d, ADDRESS	DIRECTOR L	FATS			
	NAME (T		EDSUN F.	* CDY			erstow	n, Maryl	and.		
23	a. BURIAL, CREM	JATION, 23t	DATE THEREO	23c. NAME OF CEN	ETERY	OR CREMATORY	23d. LC	CATION (City, t	own or county	0	(State)
	REMOVAL (Sp Puria I	ecify)	ov.5,196		Com	nterry	Hacer	stown, I	arvlan	3	
24	. FUNERAL DIRI	ECTOR	. UV a J s d. 70	ADDRESS	OOI.	25a. REC	C'D BY REGI	STRAR   25b. R	EGISTRAR'S S	IGNATURE	
	Albert L		Willi	amsport, Md.		l No	DV 7		Charle	. 0	1.0
_						DATE				July	
										10	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 65% he funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers Pages 1 and a should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 92 healts gifter deed.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DS, 301 W. PRESION STREET, BALTIMURE, MARTLANI

CERTIFICATE OF DEATH

	PLACE OF DEATH o. COUNTY Wa	shington		MARYLA	.ND		ld.	b. COL	INTY Wa:	sh.		n)
	b. CITY OR TOWN ( Hagerst	outside corporate limit give nearest tawn)	rs,	1 if e	1b	c. CITY OR TOWN (If o			JRAL ond giv	e nearest l	lown)	
		AL OR INSTITUTION (If no Convale:				d. STREET ADDRESS 269 S.	Pre	spect S	t.		IS RESID ON A FA S	
	NAME OF DECEASED (Type or print)	Clai	irst ra	Middle <b>Alice</b>		Fisher	4. DAT	M-	vemb		Yed 3 -19	
	female	6. COLOR OR RACE white	7 MARRIED WIDOWED	NEVER MARRIEUK DIVORCED		1-3-85		9 AGE (In years Base birthday) yrs.	1F UNDER Months		F UNDER Hours	24 HRS. Min
duri	ing most of working	I (Give kind of work done Life, even if retired)	IDb. Kl	IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County Hagerst				TIZEN OF V DUNTRY?	VHAT	
13.	FATHER'S NAME	Julius (	J. Fis	her		14. MOTHER'S MAIDEN		hanna B	urkha	art		
IS. (Ye	was deceased eve es, no, or unknown) no	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16.	social security no none		nformant irs. Anna	Burr	ns, Silv		ring	, M	d.
		, which gove ) e cause (o), ( Dus	(o) <u>Cer</u>	(o), (b), and (d) ebral Arter eriosclerat			sease	<u> </u>	5	INTER ONSE Tears	VAL BETT T AND D	WEEN
ATION	PART II OTHER SI	GNIFICANT CONDITIONS	(c)CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO	THE TERMINAL D SEASE CO	INDITION G	IVEN IN PART 1(o)			AS AUTO	
CERTIFICATION		S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY OCCU	JRRED	Enter noture of injury in	Port 1 or I	Port (Lof Item 18.)				
MEDICAL	20c. TIME OF INJI Hour 'o.c	1.0	2Dd. II While of work	Not While		CE OF INJURY (Home, for ory, street, office bldg., etc		. (City or town)	(Co	unty)	(!	Stote)
		fy that (I) (this has eceased alive an N		ded the deceased fr	am d that	death accurred at	12:05	Me	and on t	67 than he date ATE SIGNED	stated	ve) la abav
	22c. PHYSICIAN S NAME (Type		Ditto	Jr. 2	15.V	22d. ADDRESS						
230	BUR AL, CREMAT OF REMOVAL ASPECTS			Rose Hi			23d	LOCATION (City or To	own)	(County)	(51	ote)
24	Minnio	h Funonal	II am a	ADDRESS Hagenet	. 7.740		O BY REGI	SIRAR 25b. R	EGISTRAR S	44	255	>

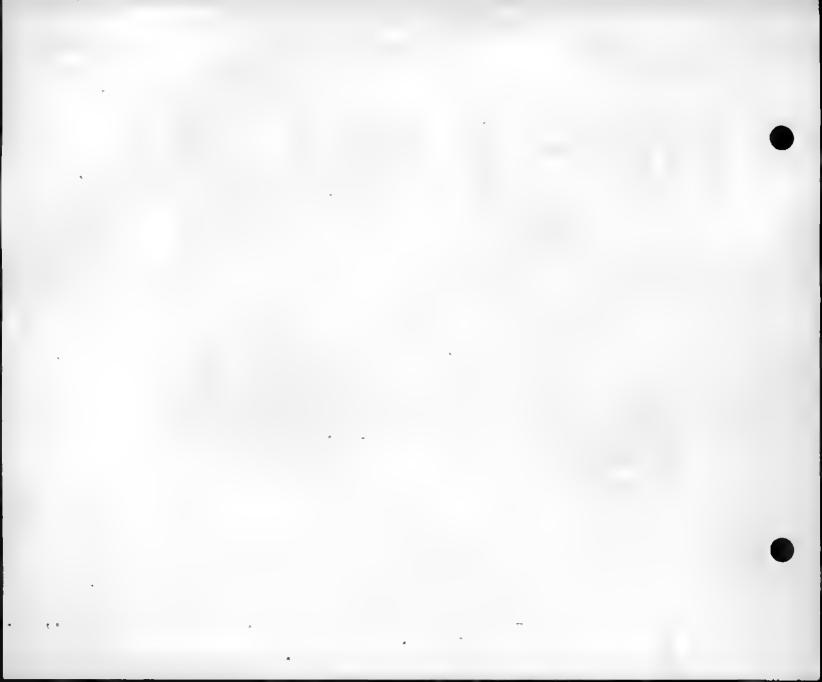


## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10057

#### CERTIFICATE OF DEATH

- 7	- 1		CERTIFICATE OF DEATH
death ond 2	-	). P	CE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
		0	OUNTY WOShington MARYLAND O. STATE M& 6 COUNTY WASHINGTON
after after	- 1-	h	ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
5 600			vrite RURAL and give negres) fown)
hours after n by he To s. Pages I hours after	-		AME OF HOSPITAL OR INSTITUTION (IT not in hospital, give street, oddress)  d STREET ADDRESS  e 15 RES DENCE
	20	q	C DNA FARMY
filled in papers. Thin 72 h	L	_/	fremewood Church Home Inc 105 & Washington VIS NO P
with			AE OF First Middle Lost 4 DATE Month Doy Year EASED
ecuted within 24 completely filled is ove corbon paper y event, within 72		(	e or point) LECTIC V, FITEZ DEATH NEW 21 19E1
ure ve (		S. S	6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (in years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
e execut			WIDOWED DIVORCED Mar 31,188/ 86 Min Doys Hours Min
ote be exercion and coleose remo			JAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & Store, or foreign country) 12 CITIZEN OF WHAT
le l	- 1	a Uriji	nost of working life even it refired) HOUSTRY Respon Essen to tura (COUNTRY?
Ple Ple	Ì	13	THER'S NAME 14 MOTHER'S MA DEN NAME
ertificate be physicion o nen please loval, and is	-		Lewis A. Bollinger Martha E. Phodes
h individual individua	-	1Š	AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT . Address
e deoth cel attending p permit. The		(Yes	o, or unknown) (If yes give wor or dates of service)
that the deoth certificate be executed within 24 an.  by the attending physicion and completely filled is transit permit. Then please remove corbon papel cremation, or removal, and in any event, within 72	ŀ	Т	CAUSE OF DEATH (Enter only one couse per ling fg? (o), (b), and (c)),    NIERVA. BETWEEN
t the		ı	PART I DEATH WAS CALSED BY
that than the an.  by the transit cremat		-	173 X DUE TO DUE TO
10 11 22 1	- 1		address of any which arms a
physic physic signec buriol buriol			a to immediate cause (o), DUE TO
			and the underlying cause a
e law r rtending as been os the prior to		- L	(c)
The atternation has he o		Š	RT II. OTHER SIGNEFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19 WAS AUTOPSY PERFORMED?
AN: That all or all cate he for use Health	1	FICATIO	La of Colon _ 5 years to fore death YES □ NO D
f Horizon			O ACC DENT WAS UNDER. YING (1)  20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18)  CONTRIBUTING □ CAUSE OF DEATH
rsi ospi cert cert hed t. o			EITHER, NOTIFY MEDICAL EXAMINER)
e h		MEDICAL	CTIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, Hour o.m. 20f (City or town) (County) (State)
5 ± ± 9 ±		Ĭ	Hour o.m.  P.m.  While Not While of work of work of work
Afte be Sto		ľ	21. I certify that (1) (this haspital) attended the deceased fram across 1967, that (1) (we) las
FEN ned			saw the deceased alive an 16 1967, and that death accurred at 9: P.M. fram causes and an the date stated above
A S C S E	Ì	ľ	22b DATE SIGNED
OR ATT be retain DIRECTO		1	Cohech! Course M.D PHYS DIRECTOR D PHYS D 11-22-67
A P P P P P P P P P P P P P P P P P P P		ľ	R. PHYSICIANS R. L. L. P.C. 22d. ADDRESS 137 W. Washington
PITAL moy ERAL poor, poor dibe file	1		NAME (Type) Kobert 1. Corrad Hagerstown, 7770
	1	23 o	RIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Stote)
Page of Fun		F	MOVAL (Specify) 11-25-67 United Brethren Cem. Thurmont Fred Co., Md.
	1	24	INERAL DIRECTOR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 5 SIGNATURE
VR A15 (4)	J XI	0	1000 to the The part of The summent Mid Date On 1007 William Subare



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0053			CERTIFICA	TE OF DE	ATH		100	50		
T.	PLACE OF DEATH				2. USUAL RE	SIDENCE (Where	deceosed lived, if instr	tution: Residence be	efore admission)		
	a. COUNTY	Washingt	on	MARYLAND	a. STATE	Md.	b. CC	Washi	ington		
/ <del> </del>	b. CITY OR TOWN (	outside carporote limit		c LENGTH OF STAY IN 16	c. CITY OR TO		cornarate limits, write 1				
	write RURAL and	give nearest tawn) Thield	-,	Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Highfield					
$\vdash$		AL OR INSTITUTION (If n	at in haroutal		d. STREET AD		штета		T e IS RESIDENCE		
	u. MARIE OF HOSFIE	te ox maintainon (ii ii	ar iir nospiroi	, give street oddress)	d. SINCLY AL	DVE33			e IS RESIDENCE ON A FARM?		
			_						YES NO X		
	NAME OF DECEASED		rst	Middle	Last		ne .		Doy Year		
	(Type or print)		hn	н.	Fitz		NAME I	lov. 10			
	SEX	6. COLOR OR RACE	7, MARRIEI		8 DATE OF BIR		9 AGE (in years last bigihday)				
	Male	White	WIDOWE	DIVORCED 🔀	1/29/19	-	OJ YES				
100	USUAL OCCUPATION	(Give kind of work done		KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLA	CE (County & State	e, ar foreign country)	12. CITIZEN			
001	ing most of working I Labor	ne, even n remed)		INDUSINI	High	Highfield Md. U.S.A.					
13.	FATHER'S NAME				14 MOTHER"	14 MOTHER'S MAIDEN NAME					
	Charles	L. Pitz			Bert	Bertha S. Gall					
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	. 10	S. SOCIAL SECURITY NO.   1	7. INFORMANT	INFORMANT Address					
(10	es, no, or unknown) (If yes give wor or dates of service) 188-05-6558 Mrs. Catherine Greenawalt, Cascade Md.										
F	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  NYERVAL BETWEEN										
	PART I. DEATH WAS CAUSED BY.										
	IMMEDIATE CAUSE (a) Coleman Company College uses										
	Canditions, if any, which gave ) (b) Cooks and the last of the t										
	rise to immediate couse (a),										
	staling the underlying cause (c)										
S	PERFORMED?										
CERTIFICATION	YES NO										
	20a ACCIDENT WAS UNDERLYING \( \) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)										
MEDICAL	20c. TIME OF INJU Hour a.m	RY Month, Day, Year	20d. Whi		PLACE OF INJURY (I factory, street, offici		20f (City or town)	(County)	) (State)		
1 2	. p.m	19	at w	ork 🔲 at wark 🔲							
	21. I certify that (I) (this hospital) attended the deceased from 1 20 , 1960, to 10 10 10 10 , 1967, that (I) (we) last										
	saw the deceased alive an 9,000 1967, and that death accurred at 6.30M, from causes and on the date stated above										
	220. SIGNATURE 22b. DATE SIGNED										
	M.D. PHYS. DE DIRECTOR LI PHYS LI / O Nov 67										
	22d. ADDRESS										
	Robert A. Kiefer Blue Ridge Samit Pa.										
230	BURIAL, CREMATIO	N, 23b. DATE TH	EREOF	23c NAME OF CEMETERY	OR CREMATORY	2	3d. LOCATION (City or	Town) (Cou	unty) (Stote)		
	REMOVAL (Specify)	77/7	2/67	Bethel			Lantz #1.	Frederic	k Co., Md.		
4 -	I. FUNERAL DIRECTOR	R		ADDRESS		250. REC'D BY F	REGISTRAR 25b	REG STRAR'S SIGNA	ATURE		
	Walton?	200 Linus	2	Waynesboro	Pa.	DATENTON	1 1007	Melizila	Quetate		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filed in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages. Page 2 should be tiled with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after debth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hams after doubt Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban popers. Pages 1-and-2 director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban popers. Pages 1-and-2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 bours offer death.

TO HOLFITAL OF ATTENDING PHYSICIAN: The law requires that the denth certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or attending physician.

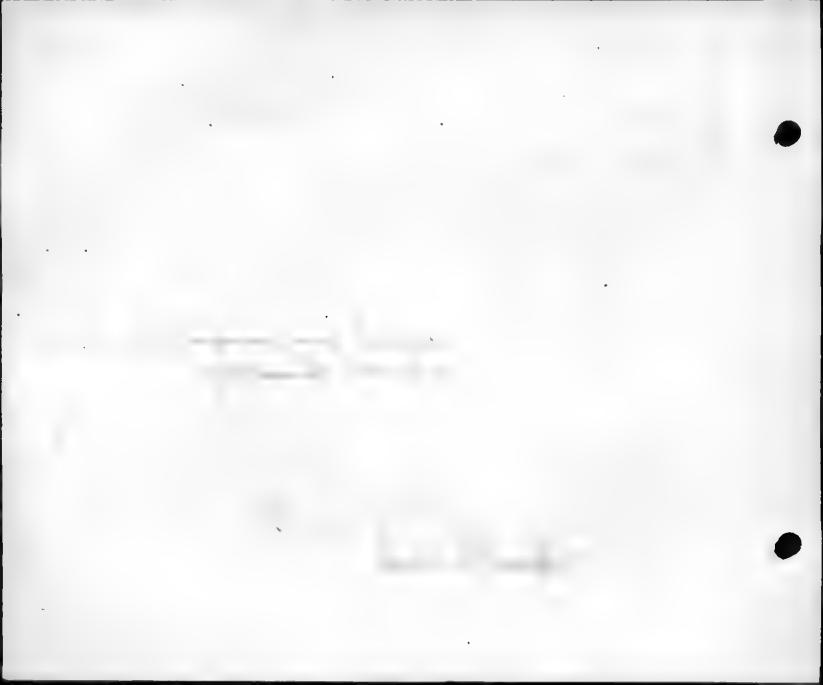
VR A15 (4) 25M 1/67

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

					461(11110)		V27/1111							
1		PLACE OF DEATH	**				2. USUAL RESIDENCE ()	Where deceosed	ived, if institut	ion Residence be	fore admissio	in)		
1		J. COUNTI	Washingto	on MARYLAND			o STATE  Md.   No. (OUNTY Wash.)							
	ŀ	. CITY OR TOWN (	f outside corporate Hmits		c LENGTH OF STAY IN 18	>	c CITY OR TOWN (IF ou	itside corporate	limits, write RJI	RAL and give nea	rest town)			
		-	own				Hagerst	own				,		
31			AL OR INSTITUTION (If no		d. STREET ADDRESS  e IS RESIDENCE ON A FARM?									
1		Washing	ton Count	y Hos	pital		2035 Vi	rginia	Ave.		YES .	NO 🗌		
		NAME OF DECEASED	Andr	Middle		Lost	4 DATE OF	Mont	ov <b>ž</b> mbej	ογ Yea				
		Type or print)			Edward		Fleming							
							11-18-67		AGE (In years lost birthday)	Months Doy		Min.		
			(Give kind of work done	MIDOMED	DIVORCED [	_  _	11. BIRTHPLACE (County	P Chair or form	Auz	12 CITIZEN	OE WHAT			
		ng most of working			IDUSTRY		Hagerst			COUNTR				
	13	FATHER'S NAME					14 MOTHER'S MAIDEN		AG 8					
	Jeseph Fleming						Joan Forsyth							
			R IN U.S. ARMED FORCES? (If yes give wor or dotes o		SOCIAL SECURITY NO.		VFORMANT		Addr					
	(ie	s, אט, טו בוואנוזטישיון	(II hez dina moi oi gosez o	1 26(Attel)	none	J	seph Flei	ming,	Hagers	stown,	Md.			
		18. CAUSE OF D	ATH (Enter only one cou	se per line la	(o), (b), and (c).)		E'à				NTERVAL BET	WEEN		
	PART I, DEATH WAS CAUSED BY.										400	\$4/2_		
	DUE TO C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									4 da				
		Conditions, if any rise to immediat	I (n) asuna a	(b) 12	worrsen	LOW	a prami	BULLIO			2 400	<u> </u>		
stoting the underlying couse lost (c) Pressettunities (2								900)	3		4000	0		
	_	PART IF OTHER S	GNIFICANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT NOT RELATED	) <b>[</b> ]	HE TERMINAL DISEASE CO	ND THE GIVEN	IN PART (e)		19 WAS AUT	PSY		
r	ATIO											NO.		
	CERTIFICATION	20o ACCIDENT WAS	UNDERLYING   CAUSE OF DEATH	20b DE	SCRIBE HOW INJURY OCCUR	RRED (	Enter noture of injury in	Port I or Port I	of item 18)					
	AL C		MEDICAL EXAMINER)	2041	NJURY OCCURRED 2De	DI 4.7	r of this by the state	n. 2Df I	Vita et to un	(Car mt.)	,	Canada		
	MEDICAL	Hour or	JRY Month, Doy, Year	While	Not While		E OF INJURY (Home, forn try, street, office bldg., etc.)		(City or town)	(County)	,	State)		
		21 Leertii	by that (1) (this has	ot work	ded the deceased from	m /	1/18/	196/ to	11/23	19 67	that (I) (v	ve) last		
			eceased alive an	11/2	2/ 1967, and	that	death accurred of			and on the a	late stated	abave		
		220. SJONA JURE	n. R.	"1=	<b>*</b>	-	ATTENDING	MED.	STAFF -	22b. DATE S	IGNED			
		(1º1	Mil Jac	on		M.D	. PHYS.	DIRECTOR [	PHYS.	]				
,		22 PHYSICIAN'S NAME (Type					22d ADDRESS							
	230	BURIAL CREMATIO	DN. 23b DATE THE	PEOE	T 23c NAME OF CEMETER	Y OP /	DEMATORY	1 234 1004	TION (City or To	wn) (Cou	abil 15	totel		
	230	BENDYAL SETTY					Cemeter		erstow			(0.6)		
	24	Minnic	Funeral	Home	, Hagersto	wn,	Md - 2So. REC'I	D BY REGISTRAF	25b RE	GISTRAR'S SIGNA		ge -		



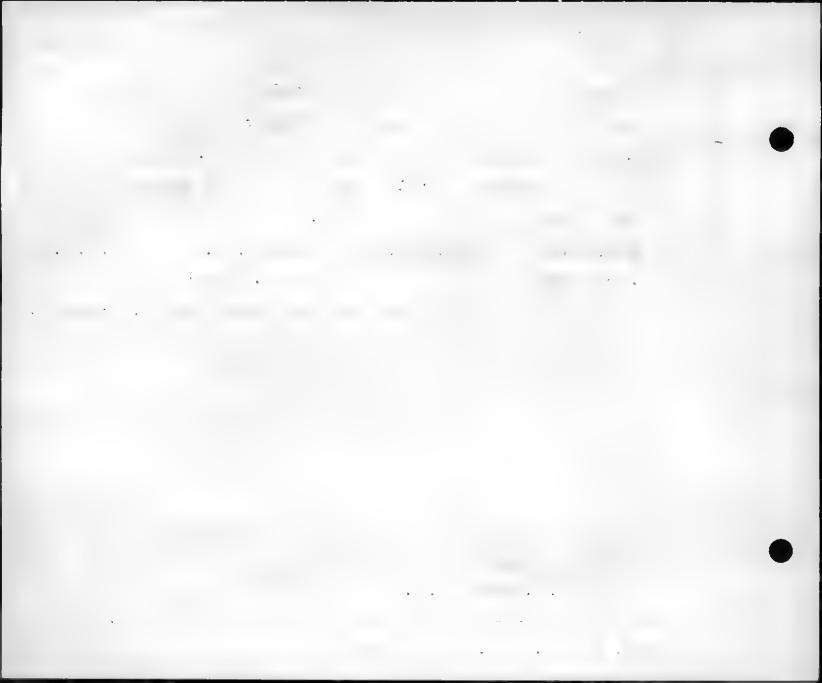


10061

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

. 2					CERTII	ricale	OF DEATH			7000
and in	1.	PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (	Where deceosed live	d, if institution Resi	dence before odmission)
375		Washing	ton		MAI	RYLAND	Marylan		Washir	
2 8		h CIY OR TOWN I	If outside corporate hand d give nearest town)	s,	c, LENGTH OF STAY	IN 16	c. CITY OR TOWN (if or	tside corporote amit	s, write RURAL and	give nearest town)
To hours		Hagerst	own		10 Days	3	Boonsbo	ro		/
		d. NAME OF HOSPIT	IAL OR INSTITUTION (If is	ot in hospital,	give street oddress)		d. STREET ADDRESS			e IS RESIDENCE On a Farm?
filled things		Washing	ton Co unty	Hospi	ital.		119 Lak	in Ave.		YES NOX
	3.	NAME OF		rst	Middle		Lost	4. DATE	Month	Doy Year
completely fil		DECEASED (Type or print)	Kath	leen	Lucille	F	ord	OF DEATH N	lovember 2	29. 19 67
ond comple one remove con	5	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRI	ED   I	B. DATE OF BIRTH	9. AGE	in years I I UND	DER I YEAR   IF UNDER 24 HRS
and compremove remove		Feamle	White	WIDOWED	DIVORC	ED   1	Nov. 8, 190	3 6	birthday) Month	Doys Hours Min
ond rem	10	LISUA, OCC., PATIO	N (Give kind of work done		KIND OF BUSINESS OR		11. BIRTHPLACE (County		untry) 12	CITIZEN OF WHAT
no ose	du	ing most of working	Teacher		NDUSTRY Dunty School	ols.	Boonsbor	n. Md.	1	COUNTRY?
physicion of the please noval, and it	13	FATHER'S NAME	AUMMANA	1	7.1103 DOMO.		Boonsbor 14 MOTHER'S MAIDEN	NAME		
tra ha ner ner		J. Berr	v Gantz				Annie V.	Blecker		
ren T	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	. SOCIAL SECURITY NO.	17. 1	NFORMANT		Address	
nat the death certificate in. by the attending physicion ransit permit. Then pleas remation, ar removal, and	1)	No.	(If yes give wor or dotes	of service)	219-36-358	5 Mr	s. Glenn He	ndrix. Bo	ж 114. GI	enarm. Md.
inditine debin terrarcate by effectived within a day.  by the attending physicion and completely filler transit permit. Then please remove corbon polycemation, ar removal, and in any event, within tremation.		IB. CAUSE OF D	EATH (Enter only one con	use per ine fo	or (o), (b), and (c) )		/ /			INTERVAL BETWEEN
or in		PART   DEA	TH WAS CAUSED BY IMMEDIATE CAUSE	(a) Sin	1 Arock	noil	Hencorn	LAG C		ONSET AND DEATH
		2 X	DUE		0	4	0 0 0	7		. 0
physic physic signed burial- burial,		Conditions, if ony		(b) Kin	yettered	Cen	lend Anei	ugn		100000
		nse to immediate stating the under		TO	200 1	)	0			
ding ding the the		lost.	)	(c)	retalized h	) ron	Lymour	rla.		
ol or ottending icate hos been for use as the Health prior to	z	PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT RE	ELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN P.	ART 1(o)	19 WAS AUTOPSY PERFORMED?
	ATIO									YES NO
	CERTIFICATION	200 ACCIDENT WA		20Ь. О	ESCRIBE HOW INJURY	OCCURRED	Enter noture of injury in	Port I or Port II of I	tem 1B)	
spit spit entif ed . of	9		G CAUSE OF DEATH MEDICAL EXAMINER)							
his cel brache Dept.	MEDICAL	20c TIME OF INJ Hour 'o.	URY Month, Doy, Yeor		INJURY OCCURRED		E OF INJURY (Home, form		or fown)	(County) (State)
를 들 등 를 클 	ME		m. 19	While of wo		tocto	ory, street, office bldg., etc.	)		
Sto Be After Sto		21. I certi	ify that (I) (this has	pital) after	nded the deceased	from	11/19	9 67, to	11/29	9_67 that (I) (we) las
the the		saw the d	eceased alive an_	11/29	19 <b>_67</b> ,	and that	death accurred at	7:30PM, fran	causes and or	the date stated above
4 8 <b>9</b> 4 4		220. SIGNATURE	0	7)	0		ATTENDING	MED	STAFF 22b	DATE SIGNED
y be retained by the L DRECTOR: After the oge 3 should be defined with the State		13/13	21. U. K	exer	-LI	M.D	I. PHYS		PHYS L	2/1/61.
RAL C RAL C , pog be fill		22c PHYSICIAN S NAME (Type	1	/			22d ADDRESS	P	21 4 05	Ulano tom
4 <b>2</b> 9 5			WIR. O. KE					- I non		VELYTANEN
A direct No.	23	BURIAL, CREMATI	ON, 236. DATE TH		23c NAME OF CE			23d LOCATION		(County) (State)
2 2 7 7 N				- 01	Boonsbo	ro cer	*	D BY REGISTRAR	boro, Md	
VR A15 (4)	17	FUNERAL DIRECTO	st, Jr. 112	N. Me	ADDRESS	onsho	CO. Md		-	
25M 1/67 °C	P		009 020 112	* 74.4 P.TC	DO	2410001	DATE	necs 1	ab/ Va	Carta India



16062

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16054 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Washington MARYLAND Washington b CITY OR TOWN (If putside corporate limits, c LENGTH OF STAY IN 16 c CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Hagerstown 1 Day
d NAME OF HOSP.TAL OR INSTITUTION (If not in hospital, give street oddress) 1 Day Rural Keedysville Rfd. 1 e IS RESIDENCE ON A FARM? d STREET ADDRESS YES NO Y Washington County Hospital Mt. Brair 3 NAME OF Middle 4 DATE Month LOST Day DECEASED (Type or pont) DEATH November 18.
GE (In years | IFUNDER LYEAR Newton S SEX AGE (In years IF JNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH **NEVER MARRIED** lost birthdoy) Months Days Hours WIDOWED DIVORCED Sept. 16, 1892 Male White 10o LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY S. Construction Mt. Brair, Md. Carpenter IA MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Griffith

15 WAS DECEASED EVER IN U.S. ARMED FORCES? Jeanette Smith 16. SOCIAL SECURITY NO. 17. INFORMANT Marviand (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Bertha M. Griffith. Keedysville. Rfd No. 215-14-1864 18. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PERFORMED? 200 ACCIDENT WAS JNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, ((county) (Stote) (City or town) factory, street, office blda., etc.) Hour 'o.m. Not While at work of work 21. I certify that (I) (this hospital) attended the deceased fram. saw the deceased alive an how. and that death accurred at M, from causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED. ATTENDING M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) 11-22- 67 Boonsboro Cemetery Boonsboro, Md. 25b REGISTRAR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

John H. Bast, Jr. 112 N. Main St. Boonsboro, Md

event, within 72 completely requires that the death certificate be executed ond in ony physician ( burial, cremotion, or removal, signed by the burial-tronsit os the hos Heolth ATTENDING PHYSICIAN: After be retained DIRECTOR: director, page 3 shauld be filed v TO HOSPITAL TO FUNERAL VR A15 (4) 25M 1/67

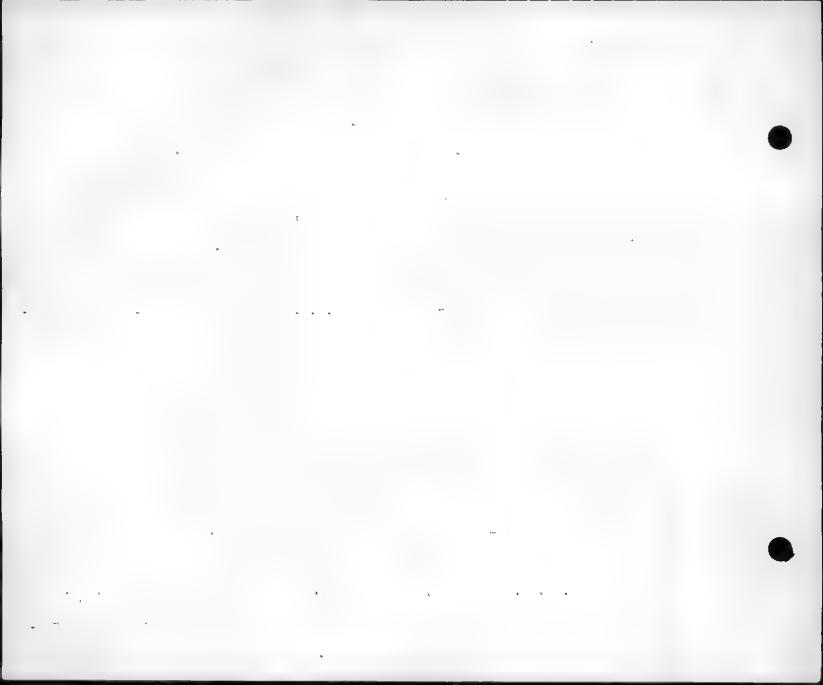


within 24 haurs after death

law requires that the death certificate be executed



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 264 13056 CERTIFICATE OF DEATH within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Washington Maryland MARYLAND b. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hagerstown 50 yrs. Haaerstown ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS burial, crematian, or remaval, and in any event, within 72 22 Winter St. 22 Winter St. YES NO K DATE 3 NAME OF First Middle DECEASED Gruber Isaac November 19 67 Edward. (Type or print) DEATH law requires that the death certificate be executed 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years NEVER MARRIED 6. COLOR OR RACE 7 MARRIED lost birthday) Hours White May 8, 1894 Male WIDOWED DIVORCED | 11 BIRTHPLACE (County & State, or foreign country) 10a USUAL OCCUPATION (Give kind of work done 12. CIT ZEN OF WHAT during most of working life, even dretired) perator Dust Collecting Mag Charlton, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Susanna Martin John Ellsworth Gruber 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. D. E. Gruber 22 Winter St. Hagerstown, Md. 214-09-2068 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (0) Coronary Occlusion nstant Cand trans, if any, which gave (b) Arteriosclerotic Heart Disease Several years rise to immediate cause (a), DUE TO stating the underlying couse 19 WAS AUTOPS: PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) factory, street, affice bldg, etc.) Haur a.m. Nat While 21. I certify that (I) (this haspital) attended the deceased fram. 7-9-19.67, to 8-21-19.67, that (1) (we) lost 1967, and that death accurred at 10 PM, from causes and on the date stated above saw the deceased alive an 8-27-22b DATE SIGNED 22g. SIGNATURE MED. DIRECTOR 11-13-67 director, page should be filed 22c PHYSICIAN S O FUNERAL 215 W. Washington St. Hagerstown 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town 230 BURIAL, CREMATION, Rest Haven Cemetery Hage Hagerstown-Washington-Md VR A15 (4) 25M 1/67 DATENOV 15 Rest Haven Juneral Chapel Hagerstown, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16057

16065

CERTIFICATE OF DEATH

		o. COUNTY WA	SHINGTON		MARYLA	IND	2 USUAL RESIDENCE (Where deceosed tived, if institution Residence before admission) o STATE MARYLAND b COUNTY WASHINGTON							
		b CITY OR TOWN (IF	outside corporate limit: SPOWNWII)	5,	c. LENGTH OF STAY IN 65 YR			(If outside com	OWN	URAL and give	negrest tow	vn)		
/			OR INSTITUTION (IF no ONGMEAD OW		give street oddress)		d. STREET ADDRE		GMEAD OW	RD.	e IS ON YES	RESIDENCE A EARM?		
		NAME OF DECEASED (Type or print)	BROWN	TE	LOUISE	H	AMILTON	4 DAY OF DEA	NOVE	MBER	17	Year 67		
	s : F:	EMA LE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		4/28/1	898	9. AGE (in years lour birthdoy)	Months Months		INDER 24 HRS.		
		USUAL OCCUPATION (C	Give kind of work done TFE (retired)		ND OF BUSINESS OR HOME		VIRGINIA  11 BIRTHPLACE (County & State, or foreign country)  12 CITIZ  (P)							
			ILLIAM C				14. MOTHER'S MA JOSE	AIDEN NAME PHINE	PIERCE					
	TS. (Ye	WAS DECEASED EVER I	N U.S. ARMED FORCES? I yes give wor or dotes o	of service) 16.	SOCIAL SECURITY NO. NONE		NFORMANT ROBER	RT EAR	Add L HAMILT	ress HAC	ERST MD			
			couse (o),	(o) TO	(o), (b), and (c).) Coson Interno	ai	y co	celu, ge	il. 9 Ca	rdici		L BETWEEN AND DEATH		
, ,	ATION	PART II. OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO	THE TERMINAL DISEA	ASE CONDITION (	GIVEN IN PART 1(0)		19 WAS PERF YES	AUTOPSY FORMED? NO		
	L CERTIFICATION	200 ACCIDENT WAS U OR CONTRIBUTING (IF (IF EITHER, NOTIFY ME	CAUSE OF DEATH	20b D	SCRIBE HOW INJURY OCC	URRED.	Enter noture of Inf	ury in Port I or	Port II of item 18.)					
	MEDICAL	20c TIME OF INJURY Hour o.m. p.m.	Y Month, Doy, Year	20d II White of wor	Not While		CE OF INJURY (Homory, street, office bld		f (Cty or town)	(Cot	mty)	(Stote)		
		saw the dec	that (I) (this hos eased alive an	pitol) atten	ded the deceased fr 19 <u>67</u> , an		7/30/ death accurre		, ta <u>/////</u> ZM, from causes			(I) (we) la: ated abav		
		220. SIGNATURE	shert U/1	Car	up sell	) M.E	- 1111-11	MED DIRECTO	STAFF DHYS.	22b. D#	TE SIGNED	67		
ŧ		22c. PHYSICIAN'S NAME (Type)	Robert	J.h	Compbe	11	22d, ADDRES	Ha	GERS	Tow	2 71	nd.		
)	230	BURIAL, CREMATION, REMOVAL (Specify) BURIA	23b DATE THE	EREOF	ROSE HI		CEM.	23d	HAGERST	,	(County)	(Stote)		
D.	24	FUNERAL DIRECTOR	ment)	thegos	Slown	The	A 250	NOV 2	ISTRAR 2Sb F	EGISTRAR'S SI	GNATURE	ge.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled to director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 h Toge 4 may b ■ Intoined by the hospital or attending physician.

VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

#### CERTIFICATE OF DEATH

13058

DATE NOV 2 0

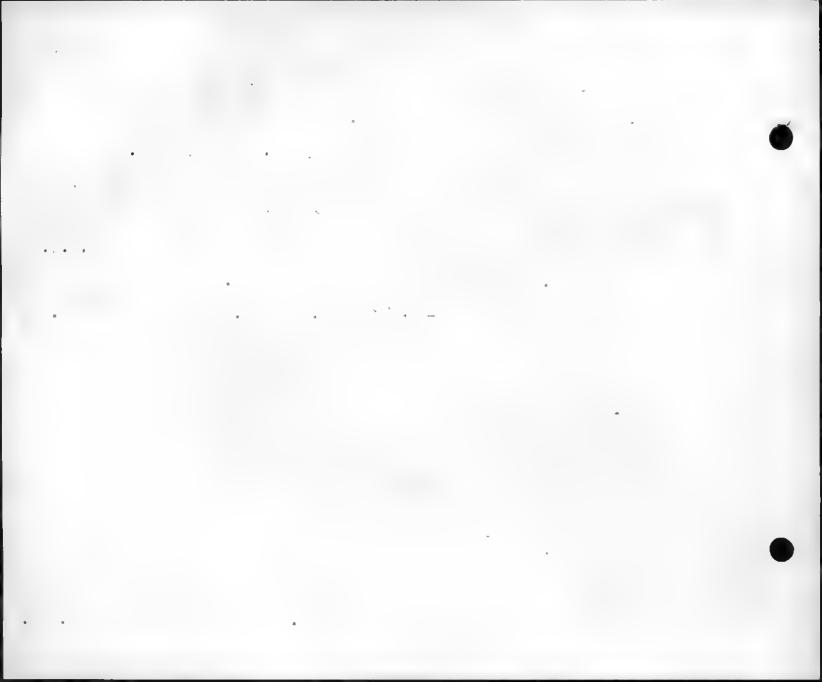
						• • • • • • • • • • • • • • • • • • • •				-			
1.	PLACE OF DEATH					- PTATP	(Where deceased lived if inst	THE BACTES			*		
L	W.	ASHINGTON			MARYLAND	MA	KILAND	W.	ASHIN		N		
	b CITY OR TOWN (	lf autside carparate limit Loixe nearest tawn)	15,	CLENGTH OF S		· ·	utside carparate mits, write	RURAL and g	ive nearest (	tawn)			
		POWN			YRS.		ERSTOWN _			11 222181	-		
		AL OR INSTITUTION (IF I			-)	d. STREET ADDRESS	D. IMTIONE	am		ON A FAI	RM2		
		TON COUNT		<u>-</u> -				ST.	Y.F.		ио 🔼		
3	NAME OF DECEASED		irs†	Middle		Last		Aanth Lean an an	Day	Year			
-	(Type ar print) SEX		FORD	LNIA		HARBAUGH		VEMBE		+ 19 <b>6</b>			
1,		6 COLOR OR RACE	3	NEVER MA		DATE OF BIRTH	9. AGE (In year last birthday 90 vn	) Manths		Haurs .	Min		
	MALE	WHITE	MIDOMED	D OF BUSINESS (	DRCED	1/22/18	-		CITIZEN OF V	ULLAT			
di	sting mast af warking	(Give kind of work done life_even if retired)	IVD. KINL	ISTRY			& State, ar foreign cauntry)		COUNTRY				
	RETTRED  3. FATHER S NAME	PLUMBER	ÐW	N BUSI	NESS		LAND		U.S.	•A •			
1			D 1 27077			14. MOTHER'S MAIDEN NAME							
$\perp$	CLAYT	R IN U.S. ARMED FORCES?	BAUGH	CIAL SECURITY I	10 17 1	ALBERTA NFORMANT	J. EYLER	ddfata ATT	D. C. C. C.	TAT			
	Yes, na, or unknown)	(If yes give war or dates		C OO F				dd MAGE					
-	NO CAMER OF DE	EATH (Enter only one co	21	7-32=5	741.W_M	KS. MARI	E. HARBAUG	п	M	EVAL BETY	WEEN		
	PART 1. DEA	TH WAS CAUSED BY.	1 .	a), (0), and (c),	no O	Theners	man			T AND DE			
	* >	IMMEDIATE CAUSE	(a)	1	0	0 1	0	-	-		Age,		
1	Conditions, if any		(b) Ce	rele	rul	artes	waler	The	14	le	200		
	nse ta immediat		10		1		1 0		1				
	last.	living coose	(c)	leve	roll	grad 05	Mroscle	1/1	7				
_	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO	DIATH BUT NO	T RELATED TO	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0		19. W	VAS AUTO	PSY		
CEPTIFICATION	Ciny	lugena	- : /	new	come	C. ho	udumle	2 zoza	YES	strating all	NO [		
	20g ACCIDENT WA		20b. DESC	RIBE HOW INJU	RY OCCURRED.	Enter nature of injury in	Port I or Port II of item 18	)					
		☐ CAUSE OF DEATH MEDICAL EXAMINER)											
MEDICAL	20c TIME OF INJU	JRY Month, Day, Year		URY OCCURRED		F OF INJURY (Home, for ary, street, office bldg , etc		) (	Caunty)	(5	State)		
, A	P	п. 19	While at work	Nat While at wark	<b>□</b>		16	The					
1	21. I certi	fy that (I) (this has	spitol) attenda	d the decea	ed from	cuy	10 10	والعدا					
	sow the d	ecoased alive an_	01	W 196/	_, and that	death occurred a	M, from caus				abave		
	220 SIGNATURE	1. 11	12	. 61	_//	ATTENDING XX	MED. STAFF	122b.	Nov.	67			
	22c. PHY SICIAN'S	wa	100	4	M.C	PHYS. 1221 22d. ADDRESS	DIRECTOR L PHYS	<u>الا</u>					
1	Richard		d, M. D/				omac Avenue	Hager	stown	. Md			
2	30. BURIAL, CREMATIO			23c NAME OF	CEMETERY OR	REMATORY	23d. LOCATION (City o		(Caunty)		ate)		
1	REMO <b>BIOP</b>		6/67	REST	HAVEN		HAGERST		WASH		D.		
1	24 FUNERAL DIRECTO		//	ADDRES!	,	77		REGISTRAR'S					
1	11 / 1627	energy 1	11111 2	c'lle,	30 1	The . DATE N	OV 2 0 1967	gelle	may &	note	2		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundors director, page 3 shauld be detoched far use as the burial-transit permit. Then please remove carbon papers—rages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or remavol, and in any event, within 72 hours after deoth.

VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after degr

Page 4 may be retained by the hospital or attending physician.



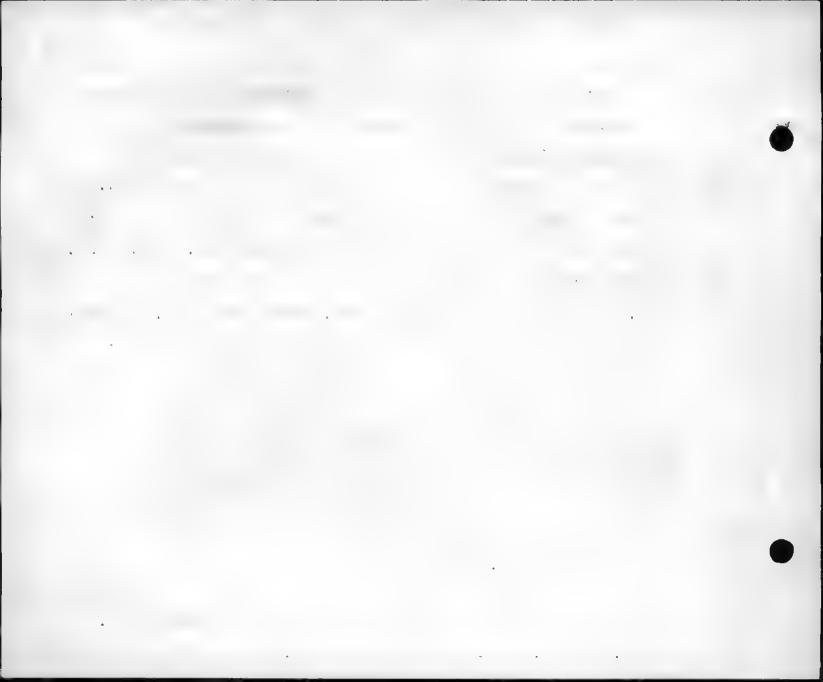
### CERTIFICATE OF DEATH

16059

PLACE OF DEATH     O. COUNTY		2. USUAL RESIDENCE (W	here deceased sized, if institution b. COUNTY	Residence before admission)			
Washington	MARYLAND	Maryland		naton			
b CITY OR TOWN (It outside corporate timits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If out	s de corporate limits, write RURAL	and give necrest town)			
Boonsboro	5 Months	Burs Ke	edysville				
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital	il, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?			
Reeder Nursing Home			it Grove	AE2 NO			
3 NAME OF First DECEASED (Type or print) Bruce	Middle William Har	lost	4 DATE Month OF DEATH November	Doy Year			
S SEX 6. COLOR OR RACE 7. MARRIE		B. DATE OF BIRTH	9. AGE (In years IF	UNDER I YEAR   IF UNDER 24 HRS			
Male White WIDOWE		May 2, 1885	0 - "	anths Days Hours Min.			
10b, USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR		State, or foreign country)	12 CT ZEN OF WHAT			
during most of working life, even if retired)  Carpenter	INDUSTRY Construction	Weavertown. Wash. Co.Md. U. S. A.					
13 FATHER'S NAME	JOHE OF GO OF OU	14 MOTHER'S MAIDEN N					
Thomas Hardey			tzspatrick				
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	6. SOCIAL SECURITY NO 17.	INFORMANT	Address				
	220-09-9137 Mr	s. Hyliene 1	using, Rfd. 1	Boonsboro, Md			
18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (o), (b), and (c).)	outorisu	The Hemply	INTERVAL BETWEEN			
443 X DUE TO	1	02/ 16		24			
Conditions, if ony, which gove (b) use to immediate couse (o), DUE TO	Typier reusere	C / /Q	ccs,	7-01			
stoting the underlying cause (c)	//						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	GO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONT	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO			
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in P	ort + or Port II of item 18)				
(IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED 20e PLA	CE OF INJURY (Home, form,	20f (City or town)	(County) (State)			
Hour o.m. Wi		tory, street, office bldg., etc.)	201 (CISY OF TOWN)	(coorry) (state)			
21. I certify that (1) (this haspital) atterned to the saw the deceased alive an 10-1	ended the deceased from	9-1-67, 19 t death accurred at	M, fram causes and	, 1942, that (I) (we) last d an the date stated abave.			
220. SIGNATURE	Course M.	ATTENDING/	MED. STAFF DIRECTOR D. PHYS. D	22b. DATE SIGNED			
20. PHYSICIAN'S NAME (Type) Robert	P. Corrrado	22d ADDRESS	137W. Was	elington med			
230 BUR AL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (Stole)			
Burial 11- 14-67	Brownsville H		Brownsville,	Md.			
24. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 25b REGIST	TRAR'S SIGNATURE			

and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely filled in by the fined of director, page 3 shauld be detached for use as the burial-transit memit. Then please remove carbon papers—Pages—And 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within /2 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



Ξt	MARY DIVISION OF STATISTICAL RESERVENCE  TO STAT		, 301 W. PRESTO	N STREET		1, MARYL	
l.	PLACE OF DEATH a. COUNTY			CE (Where dece	ased lived, If institut	lon: Residence b	efore admission)
	Washington	MARYLANO	a. STATE M	aryland	b. COUNTY	Washin	gton
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	outside corp	orate limits, write R	URAL and give	nearest town)
	Hagerstown	9 hrs. 10 min.	Wil	liamspo	ort	211	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET AOORESS	-		e.	IS RESIDENCE ON A FARM?
	Washington County Hospit	:al	Rou	te #2		YE	S NO
3.	NAME OF Twin I First	Middle	Last	4. DATE	Month	Day	Year
	(Type or print) James	Lee	Hastings		MANACHINCT	29	1967
	SEX LE COLOR OF PACE LE COLOR		P DATE OF DIDTH	Lo	ACE /In vagre [ [CI]	NIDED & VEADING	TINDED 24 HRS

8. COUNTY	a. STATE Maryland b. COUNTY Washington
	ILANO
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
Hagerstown 9 hrs. 10	min Williamsport 2//
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street	address) d. STREET AOORESS e. IS RESIDENCE ON A FARM?
Washington County Hospital	Route #2
2 NIBRET OF THE STATE OF THE ST	Last 14. DATE Month Day Year
DECEASED TWIN 1	OF
(Type or print) James Lee	Hastings DEATH November 29 1967
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIE	CONTROL OF RIGHTH 19 AGE /In years I F UNDER 1 YEAR I F UNDER 24 HRS.
Male White WIDOWED DIVORCE	ED 11-29-67 last birthday) Months Oays Hours Min.
10a USUAL DCCUPATION (Give kind of work done   10b. KIND OF BUSINESS O	
during most of working life, even if retired) INDUSTRY	COUNTRY?
	Washington Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Josiah Thurle Hastings	Shirley Ann Palmer
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY N	
(Yes, no, or unkown) (If yes give war or dates of service)	Madde 1 December
No	Medical Records
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	(c).1 A INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	oho to
IMMEDIATE CAUSE (a)	men men
DUE TO	
Cenditions, If any, which (b) Plantities 12	enth/com (1eb 13/24) Some
gave rise to immediate (	0/
underfulne course lead	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH  CONTRIBUTING TO CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?  YES NO
20a, ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJ	URY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
10	factory, street, office bldg., etc.)
Hour a.m.  p.m.  19 at work at work	
21. I certify that (I) (this hospital) attended the deceased	
saw the deceased alive on 11/29/ 1967	and that death occurred at AM, from the causes and on the date stated above.
223 SIGNATURE	22b. OATE SIGNED
11 MI Second	M.O. PHYS. DIRECTOR PHYS. DIA -20-67
	M.O. PHYS. DIRECTOR PHYS. 1 10 ac
22c. PHYSICIAN'S NAME (Type) 1 m language TP	.D. IUI KING ST. HAGICASTOWN, MD.
17.111.18/4Con St., 111	. W. TOT A MUG OF, AJack SICCON, MIN.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CREMOVAL (Specify)	CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	TON COUNTY HOSPITAL HAGERSTOWN, MARYLAND
29 FUNERAL DIRECTOR AOORESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
John Both of a adm ING	of G SOF DATE C 27 1967 - Cy Code
TOUR / / COLO & C - D-M. DVO	26 4 120 DATEDEC 27 1967 18 1 1962 _

VR A15 (4) 20M 1/65



hours I within within etély event, comple and con any physician and please reval, and in .5 certificate be removal, been signed by the attending the burial-transit permit. Then it to burial, cremation, or remov death by the hospital or attending physician. has be as th prior t After this certificate he be detached for use state Dept. of Health OR ATTENDIN be retained b 9 DIRECTOR: Jage 3 should iled with the 4 may pag TO FUNERAL director, p

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND fr9769irth CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Hagerstown hrs. 41 min d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Route #2 NO Washington County Hospital YES DATE 3. NAME OF First Middle Last 4. Day Year Twin II DECEASED 1967 DEATH November (Type or print) Hastings John Lynn 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. DATE OF BIRTH last birthday) | Months | Days Hours 11-29-67 WIDOWED [ DIVORCED Male White 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Washington Maryl and USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Shirley Ann Palmer Josiah Thurle Hastings 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unknown) [(If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address Medical Records 18. CAUSE OF DEATH [Enter only one cause per June for (a), (b), and (c), INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO F YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (1F EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL | 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bidg., etc.) Hour a.m. Not While at work at work o.m. 199 21. I certify that (I) (this hospital) attended the deceased from to that (!) (we) last and that death occurred at 34M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED ATTENDING PHYS. PHYS. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS. NAME (Type) BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. DATE THEREOF REMOVAL (Specify) WASHINGTON COUNTY HOSPITAL HAGERSTOWN, MARYLAND 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 477 1 12 S. F. A. 196

MARYLAND STATE DEPARTMENT OF HEALTH

VR #15 (4) 20M 1/65



MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 135613
I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
o COUNTY TAT - 1-3	a. STATE b. COUNTY Washington
	Varrowsburg Md
b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest tawn)	C CLIT OK TOWN (It outside corporate Trithits, write RURAL and give led Elittown)
	Yarrowsburg, Md.
Hagerstown Md l days d. NAME OF HOSPITAL OR (NSTITUTION (If not in haspital, give street address)	d STREET ADDRESS  e IS RESIDENCE
1.f 2. f 1. f 7.	ON A FARM? YES NO
Washington Co. Hospital  3. NAME OF First Middle	Lost 4 DATE Month Doy Year
DECEASED	OF
(Type or print) Grace Marie He	Pron DEATH November 19 19 67  B DATE OF BIRTH 9 AGE (In years FUNDER 14 FUNDER 24 HRS
5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS
Female White WADOWED DYORCED	
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY Housewife	COUNTRY?
13 FATHER'S NAME	West Virginia U. S. A.
Nothan Hannan	
Nathan Herron  Is. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Rebecca McCray  NFORMANT Address
(Yes, no, or unknown) (If yes give wor or dotes of service)	
No Unknown J.	anice Taulton Rt#2, Knoxville, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	INTERVAL BETWEEN
PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic H	eart Disease Several years
TADO DUE TO	
(onditions, if ony, which gove ) (b) Pulmonary Emphysem	
nse to immediate couse (o),	id.
storing the underlying couse (	Date - O London
, w Tracours of Arm a	
PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) PERFORMED?
ZATION TO THE PROPERTY OF THE	YES NO X
200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CA. SEOF DEATH	(Enter noture of injury in Port I or Port II of item 1B.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH	
204 TIME OF INITIPY Month Day Year 204 INTIRY OF TIRED 200 PLA	CE OF INJURY (Hame farm 20f (City or town) (County) (Stote)
Hour or m.  P. M. p.m. Sept. 20 19 67 of work at wark of	tory, street, office bldg., etc.)
I all p.m. Sent 2017 67 of work LJ at work St	Home Brunswick, Frederick, Md.
	eld an Autapsy 🔲 , Inspection 🔀 Inquiry 🗍 , and in my opinion
death resulted fram. Natural causes 🗶 Accident 🔲 Suic	
ACTUAL ESTA	CHIEF MEDICAL EXAMINER
SIGNATURE I CU II CA Z	MD ASSISTANT MED CA. EXAMINER NOV. 21, 67
EVA MINED'S	
NAME (Type) Dr. E. W. Ditto, Jr.	Address (Street, city, town or county) Hagerstown, Id.
230 BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (Stote)
PENOVAL (Specify)	
24 FUNERAL DIRECTOR ADDRESS	250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR ADDRESS	mit DATE NOV 24 1967 Acharles Judge
March of war at 11.	DATE NOV 24 1961 Actionly Judge

VR A15ME (5) 6M 1/67

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the State Department

Health prior to burio, crematan, ar removal, and in any event within 72 hours after death.

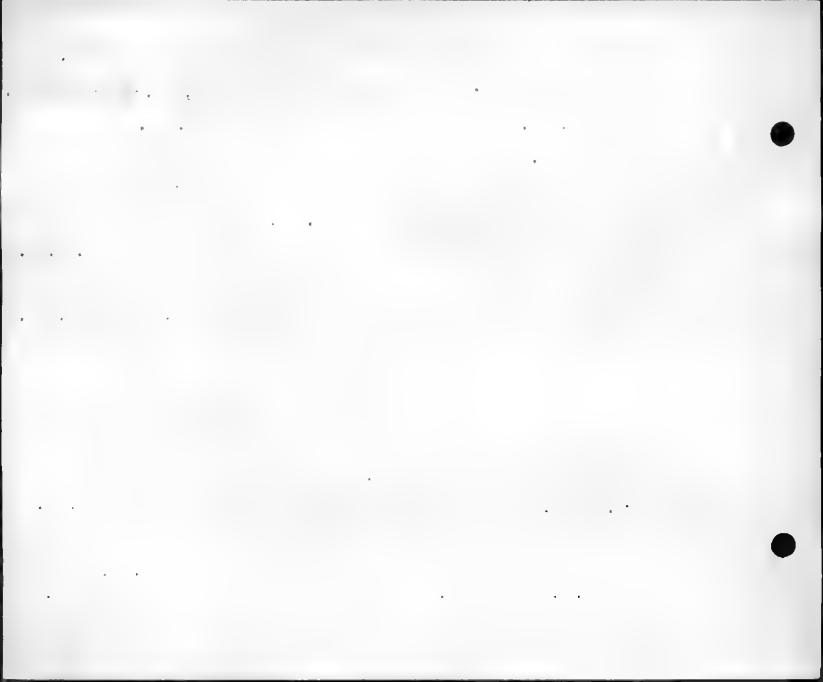
the funeral director. Page 4 shalld be farwarded to the Chief Medical Examiner's Office along with farmers. necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1,

Detail XXIIIIIR: This certificate shauld be emanted within 14 hours after death it

FOR STATE HEALTH BEPT.

delay is

2, and



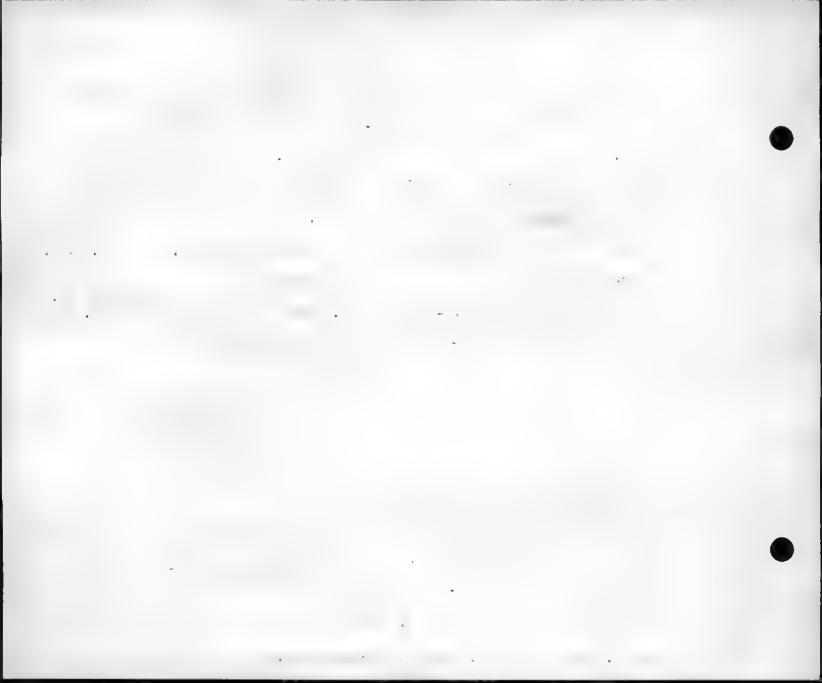
CERTIFICATE OF DEATH

16361

TO INDICITAL OF ATTENDING FINY INCIPAL: The law equires that the death entificate be executed within 24 haurs after leath. Page 4 may be retained by the haspital or ottenling physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fateral. VR A15 (4 25M 1/6

		PLACE OF DEATH o. COUNTY			444 07/1		2. USUAL RESIDEN o. STATE	,		b. CD U	NTY		mission)
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ego Sir		write RURAL and	d give neorest town)	,		ľ					KAL OIG BE	AG HEOLES: IOA	21-1
	_	Rural H	oonsboro		11 Yrs.		Rural	_Boon	sboro			1 16	
128		d NAME UP TRUSPII	AL OR INSTITUTION (If no	ot in hospitol, g	ive street oddress)	ŀ	d. STREET ADDRESS	•					RESIDENCE A FARM?
<b>建</b> 量/	_	Rfd. 2					Rfd.	2				AE2	NO Y
5 3		NAME OF DECEASED	Fi	rst	Middle		Lost		ATE	Mon	th	Doy	Year
orb 1t, 1		(Type or print)	Daisy	7	Viola		Hill	0	OF DEATH I	lovembe	er 1	3.	19 67
9 6 6	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	<b>X</b> 8	DATE OF BIRTH			E ( n years	1F UNDER	TYEAR IF	NOER 24 HRS.
7 C		Female	White	WIDOWED	DIVORCED		lov. 15.	1802	10	st birthdoy) 73 yrs.	Months 1 1	Doys Ho	iurs Min
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od i	dur	ing most of working	life, even if retired)	101	DUSTRY		· ·		_	•		DUNTRY?	
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avo		George	H111				Mary :						
E = -	15.	WAS DECEASED EVE	PINITS ARMED FORCES?	16. 5	OCIAL SECURITY NO.	17. II	FORMANT			Phodo	mehor	ro, Md	
im,	(Ye	No.	(If yes give wor or dates o	of service]	7-32-7447	Mr	Albert	Parel	പ്പ് ഉ				•
Don	F		EATH (Enter only one cou			1 224 0	A /	OGYTI	CIU I	- A	24 9 14		L BETWEEN
tisi mat		PART I. DEA	TH WAS CAUSED BY:	11-0	Dorlani	10	Tadi	a Ila	and.	las			ND DEATH
rar		443X	IMMEDIATE CAUSE		- Library Control	4		V . W. C. S. A.	466	<u></u>		_	
ial		Conditions, if any	, which gove )	(b)		97	-					15	4-2
Per Per		rise to immediat	e couse (o), (			W/N	The Contract of						
우우		stoting the unde	riving couse	(c)									
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director, page 3 should be detoched for use as the burial-transit permit. Then please remove corbat pagers. Pages should be filed with the State Dept. of Heolth prior to burial, cremation, or remavol, and in ony event, within 72 hours after the state Dept.	L CERTIFICATION		S UNDERLYING U CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	SCRIBE HDW INJURY DCCI	URRED (	inter noture of injur	y in Port I	or Port II (	ot item 18)			
Dep	MEDICAL	20c. TIME OF INJ. Hour or	JRY Month, Doy, Year				DF INJURY (Home,		20f (C	ty or town)	(Co	ounty)	(Stote)
de je	¥	p.r	1.0	While of work		10010	ry, street, office bldg.	, erc.)		2			
Sto		21.   certi	fy that (I) (this has	pital) attend	ed the deceased fr	om M	2/2	. 196_	7 ta 7	ועוש	<b>3</b> , 197	7that (	l) (we) las
the the		saw the de	eceased alive an 12	01/3	19 <i>6</i> -7, an	d that	death accurred	at4	≥ M, fr	am causes			
short:		220 SIGNATURE	1111	10	11.			1000		-/7165	22b [	DATE SIGNED	
~ <del>°</del> ~		Riv.	MAI	711	an_	M D	ATTENDING PHYS.	DIRECT	TOR D	PHYS [	1/2	V14	.67
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記号へ	230	BUR AL, CREMATIC		EREOF	23c NAME OF CEMO	DY OPEC	REMAJORY	23	3d LOCATI	Oh (City or To	wn)	(County)	(Stote)
and Signature		Burial Specify	11- 16	67	Beaver Cre	ek (	Christian		Велт	er Cre	eek . I	Md/	
0%	24	FUNERAL DIRECTO			ADDRESS			REC'D BY R	EG STRAR	2Sb R	EGISTRAR S	S GNATURE	
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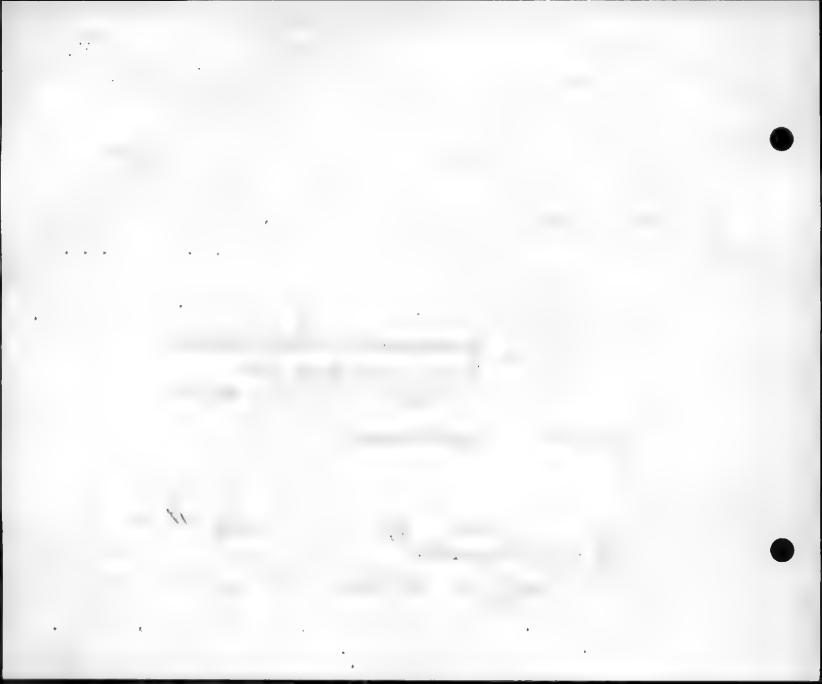
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived, if institution. Residence before admission) o COUNTY Washington Maryland Washington MARYLAND within 72 haurs after b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside comorate firmits, write RURAL and give nearest town) Hagerstown. 4 Wee
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 4 Weeks Hagerstown, e IS RESIDENCE papers. 121 South Locust Washington County Hospital Street NO. The law requires that the death certificate b∎ executed within, NAME OF pau Middle Inst campletely DECEASED Hines Adine November event, (Type or print) Marv 19 67 DEATH 5 SEX IF UNDER 24 HRS 9. AGE (In years 1E UNDER 1 YEAR 6 COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED remave lost birthdov) Months Dovs Hours ond in any White WIDOWED DIVORCED March 19,1892 Female 10o USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT Bingo during most of working life, even if retired) COUNTRY? Keedysville, Md. Clerk 13. FATHER'S NAME or removal, Jacob Owen Kretzer Ananda E. Bizer 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 4 W. West Side Ave Funkstown Maryland (Yes, no, or unknown) (If yes give wor or dotes of service) 220-05-6782Miss Juanta Roby IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).

PART I. DEATH WAS CAUSED BY-INTERVAL BETWEEN **burial-transit** ONSET AND DEATH IMMEDIATE CAUSE (o) 10-10-6 DUE-TO Conditions, if any, which gove rise to immediate couse (a). DHE TO storing the underlying couse as the prior tal attending WAS AUTOPS' PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) of Health Muraclereses YES 12 NO this certificate 200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 of Port 11 of item 18) haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) of work Of work Hour 'a.m. foctory, street, office bldg , etc.) deceased fram 10-10, 1967, ta 17-10, 1967 that (1) (we) last 1967, and that death accurred at 2:404 M, from causes and an the date stated abave. 21 I certify that (I) (this haspital) attended the deceased from 10-10 be retained FUNERAL DIRECTOR: saw the deceased alive an 220 SIGNATURE 22b DATE SIGNED 11-10-6 M.D. filed director, page, shauld be filed 22c. PHYSICIAN'S 22d ADDRESS Page 4 may NAME (Type) UENSTEIN 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial (Specify) Rest Haven Cemetery Hagerstown, Maryland 2 Andrew K. Coffman Funeral Home Inc. VR A15 (4)

Hagerstown, Maryland.

25M 1/67

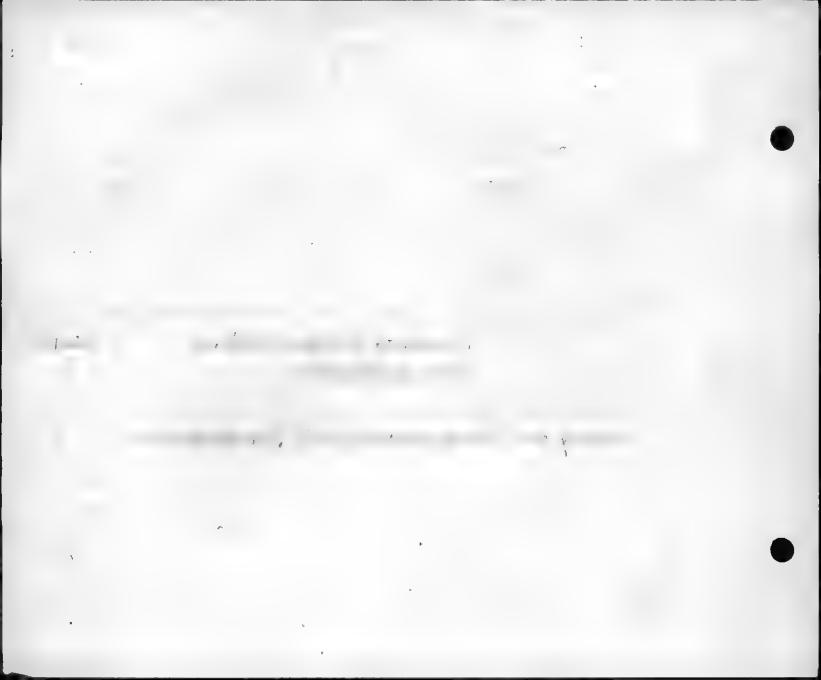


16073

### CERTIFICATE OF DEATH

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E REEL						CERTITIO		OI DEATH					
to the same			LACE OF DEATH				2	. USUAL RESIDENCE (	Where deceos	sed lived, if institu	ition: Residen	ce before o	dmission)
		-	. COUNTY	o et en		MARYLAN	4D	a. STATE Pennsylv	ania	b. col	Fran	klin	
£ 8.4			Washi	f outside corporate le	emits	C. LENGTH OF STAY IN 1		CITY OR TOWN (If o		ste limite write Pl	IPAL and aiv	A TTII	own)
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that the deoth curtificate be executed within 24 hours after on.  by the ottending physicion and completely filled in by the furnist permit. Then please remove carbon reflexis Pages tremation, or removal, and in any event, within 72-hours after	17			al or institution (in a Psychia				I. STREET ADDRESS				(	S RESIDENCE On a Farm?
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ate trion	1			ning		iry farmin	ng l	Franklin	Count	y, Pa.		U.S.	
fica ysir ple ol, o		13.	FATHER'S NAME					4. MOTHER'S MAIDEN	NAME	-			
ne deoth cartific ottending phys permit. Then p			Dav	id H.Hi:	ssong			Ellie K	leefe:	r			
th d	ı	15.	WAS DECEASED EVE	R IN U.S ARMED FORC	ES? 16.	SOCIAL SECURITY NO.	17 INF	DRMANT		Add	ress		
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		CERTIFICATION	ZUO, ACCIDENT WAS	UNDERLYING	20b. DE	SCRIBE HOW INJURY OCCU	RREDJEni	ter noture of injury in	Port I or Par	t II of item 18.)			
furspit furspit is certificached	- 1			MEDICAL EXAMINER)									
TS ST COC		MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Yea n.				OF INJURY (Home, for		(City or town)	(Co	unty)	(State)
Of Last		WE.	nour o.n	n. n. 17 <i>79/</i>	While of worl	Not While of work	toctory,	, street, office bldg., etc	,				
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OR: /			saw the de	eceased alive an	Nov. 9	1967, and	that d	eath accurred at	6:304	Mfram causes	and an t	he date :	stated above.
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ral ol ray be al DIR poge e filed			22c. PHYSICIAN'S					22d ADDRESS		-	1		
TO HOIPITAL Pogm 4 may TO FUNERAL C director, pog should be fil	1		NAME (Type)	Paul	Saraduke	, M.D.		Brook L	ane Ps	ychiatr	ic Cen	ter	
NE 4		230	BURIAL, (REMATIC	ON. 23b. DATE	THEREOF	23c NAME OF CEMETER	Y OR CRE	MATORY	23d, 10	CATION (City or T	own)	(County)	(Stote)
Pogmon Po			REMOVAL (Specify	1	/12/67	Fairvi				Mercers			(5.5.5)
5 5		-78	EUNERAL DIRECTO		T5/01	ADDRESS	OW O		D BY REGISTE		EGISTRAR'S S		
VR A15 (4) 25M 1/67		7	71. 6	enine	7.N 21	ercersbur	T.Pa			1987			udel



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**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

TO FUNDER MRECTOR: After this certificate has been sig≡ed by the ∎tending physicio≡ and com≡letely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon page should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within the

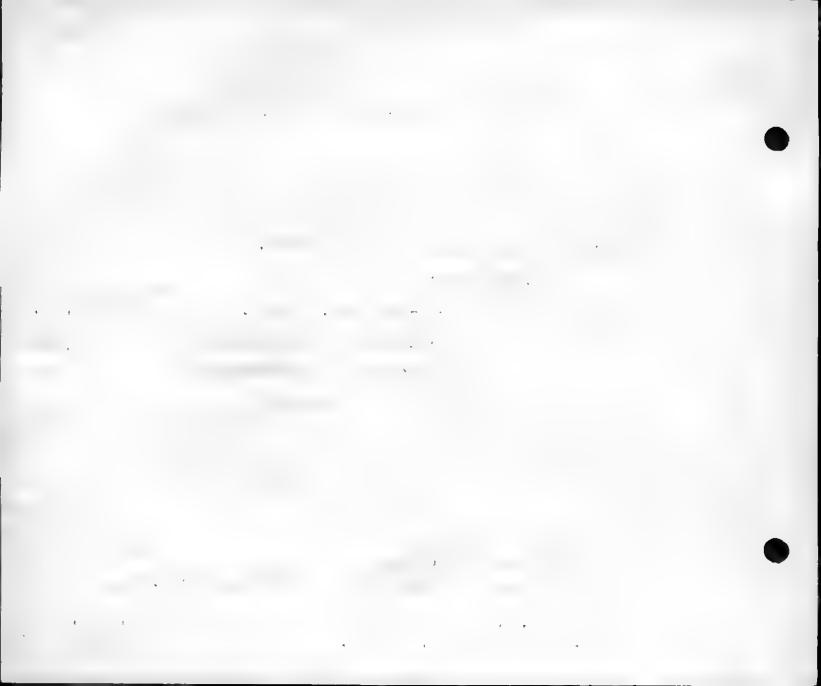
### CERTIFICATE OF DEATH

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1		PLACE OF DEATH					2. USUAL RESIDENCE	Where deceosed lived		es dence before oc	mission)
	(	o. COUNTY	Wash.		MARYLA	NID	o. STATE	Md.	b. COUNTY	Wash.	
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		write RURAL and	give negrest town)		56 Years			rstown	,	9	,
			AL OR INSTITUTION (If no	t in hornital a			d. STREET ADDRESS	1 S CO WII		Tal	RESIDENCE
			ton Count					Franklir	St	0	N A FARM?
		NAME OF	Fin		Middle		<u> </u>		Month	YES	
	i	DECEASED	Arthu		NMN	Но	ffman,Sr.	4. DATE OF N	Novembe	Doy 20,	Year 19 67
	S	Type or print)	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		B. DATE OF BIRTH	DEATH 9. AGE (	_		UNDER 24 HRS.
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			(Give kind of work done		ND OF BUSINESS OR	<u> </u>	11. BIRTHPLACE (County	# State or foreign co.	yrs :	12 CITIZEN OF WI	HAT
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	13	FATHER'S NAME					14. MOTHER'S MAIDEN				
-	101	TATTLE S WARE	Hiram H.	Hoffr	man		14. MOTHER 3 MAINER		Reese		
	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.5	SOCIAL SECURITY NO	1 17 1	NFORMANT		Address	-	
4			(If yes give wor or dotes of	service			thur Hoff	man .Tn.		netown	. Md.
-1			ATM IT I		4-09-2312	44.4	VII II II II I	mair, or .	, 1106		
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		Conditions, if any,	DUE 1	1/-			0	01		11.	
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	CERTIFICATION	200 ACC DENT WAS OR CONTRIBUTING	CAUSE OF DEATH	20b DE	SCRIBE HOW INJURY OCC	URKEU	(Enter noture of injury in	Port I or Port II of it	rem 18 )		
		(IF EITHER, NOTIFY I		201 11	Juny occupant	D) 6	er og manny (	T 001 15 1		(6 )	(6: )
	MEDICAL	Hour o.m		While	JURY OCCURRED 2		TE OF INJURY (Home, for ory, street, office bldg., etc		or town)	(County)	(Stote)
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			y that (I) (this hosp		led the deceased tr	am	1123	1967, to 1/	120	19. <b>67</b> , that	(i) ( <del>we)</del> last
		saw the de	ceased alive an	11/20	19 <u>67</u> , on	d that	death accurred at	TO SOH M, Iram		an the date s 2b. DATE SIGNED	tated abave.
		220 SIGNATURE	Bert Vh (	an	ysheli	e MD	ATTENDING PHYS		TAFF C	_11/2-1	167
		22c. PHYSICIAN'S NAME (Type)	Robert	V. h.	Campb	e11	22d. ADDRESS	AGER	sTou	121 7	nd
	230	BURIAL, CREMATIO	IN. 23b. DATE THE	REOF	23c NAME OF CEMETE	RY OR I	REMATORY	23d LOCATION	(City or Town)	(County)	(Stote)
		REMOVAL (Speedy)					Cemetery		stown,	1 //	(= =,0)
	24	FUNERAL DIRECTO	R _		ADDRESS		2So REG	D BY REGISTRAR	2Sb REG STR	AR'S SIGNATURE	
		Minnic	h Funeral	Home:	Hagerst	own	, Md . DATE N	101.07 10	57 44	in for &	u Rote



DATE DEC 4

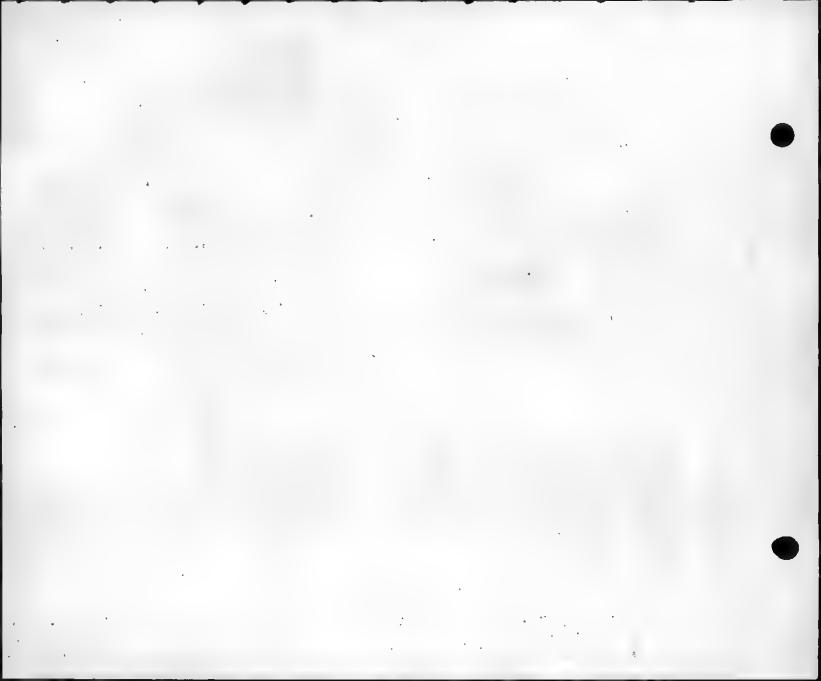
		16075	CERTIFICA	TE OF DEATH		10065
death		PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	o STATE	(Where deceased lived, if institution b. COUNTY	
by The Pages aure of the		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN	c. LENGTH OF STAY IN 1b  6 months		utside corporate limits, write RURA Williamsport	L and give nearest fown)
d in Sers		d. NAME OF HOSPITAL OR INSTITUTION (If not VESTERN MARYLAND STA		d. STREET ADDRESS 7-779 VINZGIN	UA ANE. WILLIAMSPO	e IS RESIDENCE ON A FARM? YES NO K
ed within oletely fille carban po ent, withir		NAME OF First (Type or print) 40 SEPH		Lost HOFF-MAN	4 DATE Month OF DEATH NOVE	
e executed wit and completely remave carbai n any event, w	5	SEX 6. COLOR OR RACE	7 MARRIEO NEVER MARRIED DIVORCED	B OATE OF BIRTH  12 - 26 - 9	lost birthdoy) 69 yrs.	IF UNDER 1 YEAR F UNDER 24 HR Months Doys Hours Min
aw requires that the death certiticate be executed within 2 iding physician. See signed by the attending physician and completely filler the burial-transit permit. Then please remave carban part to burial, crematian, or remaval, and in any event, within	dur	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	Water Well Drill	ing Penna.	y & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
hysi Ad, ral,	13.	FATHER'S NAME		14. MOTHER'S MAIOEN		
cerl	<u>.</u>	doseph Clinton	Hoffman		Myers	
attending p permit. The lan, or rema	(Ye	WAS DECEASED EVER IN U.S. ARMEO FORCES? is, no, or unknown) (If yes give wor or dotes of No.	service) 212-14-6048 M	7 INFORMANT rs. Joseph M	. HoffmAN Willi	
that the an. by the cransit premation		18. CAUSE OF DEATH (Enter only one couse PART 1. OEATH WAS CAUSED BY. IMMEDIATE CAUSE (o	10011174	pnec	monia	INTERVAL BETWEEN ONSET AND DEATH
uires thi hysician. gned by urial-trai		ace to improducte couce to t	lerebra!	throw	bosis	7 mons
e law red tending p as been si as the bi priar to bu		stoting the underlying couse   DUE II	a Arteriosc	lerosis		1 ?
IAN: The I al ar atter ficate has I far use as Health pri	CATION	PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO GEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO? YES NO [
Sician ispital of ertificat ned far t. af He	L CERTIFICATION	2Go ACCIDENT WAS UNCERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. OESCRIBE HOW INJURY OCCURR	ED (Enter noture of injury in	Port I or Part II of item 1B.)	
the he the the the the the the the the t	MEDICAL	20c TIME OF INJURY Month, Ooy, Yeor Hour o.m. p.m. 19		PLACE OF INJURY (Home, for foctory, street, office bldg., etc		(County) (State)
d by Affer d be constant		21 I certify that (1) (this haspi	ital) attended the deceased fram	7-24	1967 to 11-29	, 19 <u>6</u> Z , that (I) (we) I
aine aine 70% Tow the the		saw the deceased alive an	11-27 1967, and t	hat death accurred a	T 10:25 AM, Tram causes al	an the date stated aba
PR A		aug. 1	F) 160 in	M O. PHYS.	MEO. OIRECTOR D STAFF	ZID. DAIL SIGNED
SPITAL OR ATTEN 4 may be retained IERAL DIRECTOR:, ar, pagm 3 shauld ld be filed with the		22c PHYSICIANS NAME (Type) FOWIN	G Riley	10 00 Pe	nna, Hagerst	own, Md
0 o 5 7 7 2	230	bur al, CREMATION, PEMOVAL (Specify)  Bur 18  23b OATE THER			23d LOCATION (City or Town	n) (County) (Stote) Wash Maryland
2 2 5 (4)	24	The state of the s	iamsport, Maryland	25o. REC	_	STRAR'S SIGNATURE



VR A15 (4) 20M 1/65

				_	_			
		MARYLAND S	TATE DEP	ARTMENT	T OF I	HEALTH		
	<b>DIVISION OF STATISTICAL</b>						1, MAE	RYLAND
-6	0000	OFD:	FIELDATE	OF DE	A 202 A 1			

	010	ten CERTIFICATI	OF DEATH	ck	: 2066
1	A. COUNTY				tution: Residence before admission)
Н	Washington	MARYLAND	a state Marvlar	b. count	ington
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		outside corporate limits, write	e RURAL and give nearest town)
L	Hagerstown	7 Day	Clear S	inri no	920,
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS	(N+ +++2)	e. IS RESIDENCE DN A FARM?
_	Washington County Ho	ospital			YES NO T
	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
	(Type or print) Henry	Strite	Horst	DEATH MOT	21 th 1967
	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years III last birthday)	FUNDER TYEAR IF UNDER 24 HRS.
	Male White WIDOWED	AN	Feb. 12. 1	397 6/7/76yrs.	
	Oa. USUAL OCCUPATION (Give kind of work done 10b. K luring most of working life, even if retired)   I	(IND OF BUSINESS DR NDUSTRY	11. BIRTHPLACE (Co	ounty & State, or (breign country)	12. CITIZEN OF WHAT COUNTRY?
	Farmer Fa	arming	Washingt	on Co. Md.	II. S. A.
1	13. FATHER'S NAME		14. MOTHER'S MAID	DEN NAME	
-	Abram Strite Hors		Fannie	C Strita	
	15. WAS DÉCEASED EVER IN U.S. ARMED FORCES?   16. (Yes, no, or unkown)   (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	No	212-21-3167 3	John Horst	Ha carato	um Md
ı	18. CAUSE OF DEATH [Enter only one cause per I	ine for (a), (b), and (c).]	1. 1 -		ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	cute Myou	ardial.	Lutarellon	Islay
ı	DUE TO	1-1	4		
ı	conditions, if any, which (b)	ronary 14	Libod mon		the state of
1	cause (a), stating the DUE TO	J			. 0
	underlying cause last. (c)	Little To he Til bill to be a second			DY Str. Nag all Topoy
	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE CONTRIBUTED TO THE CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JIING TO DEATH BUT NOT RELA	TED TO THE TERMINAL E	DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
1	20a. ACCIDENT WAS UNDERLYING []   20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter natura of	injury in Part   or Part    of	
1	20c. TIME OF INJURY Month, Day, Year 20d. 1	NJURY OCCURRED   20e. PLAC	E OF INJURY (Home, fa y, street, office bldg., e	rm, 20f. (City or town)	(County) (State)
400	20c. TIME OF INJURY Month, Day, Year 20d. 1 Hour a.m. While p.m. 19 at worl	- NOT WITHE -	y, street, orace plug., e		
	21. I certify that (I) (this hospital) attend	ed the deceased from	000 29 , 1	967 to New 24	, 1967, that (I) (we) last
	saw the deceased alive on Alan 20	1967, and that	death occurred at	M, from the causes a	nd on the date stated above.
ı	22d. Spannage	ez- M.D.		MED. STAFF DIRECTOR PHYS.	1 Jail 26 1960
1	22c. PHYSICIAN'S NAME (Type)	M.U.	22d. ADDRESS	DIRECTOR FRIS	1000.201
	Charles ( )	oencer	145 3.0.	wyest at 1	Egenslow Mel.
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City, tow	n or county) (State)
-	Burial Nov. 27,67 24. FUMERAL DIRECTOR & Thornes	Clear Sprin	ig Mennoni	TO BY REGISTRAR 256. PREG	THE WORLD MO
	Thompson Funeral Hom	ne Clear Spr	ing DATDE	C 5 1967 gol	iarles Judge



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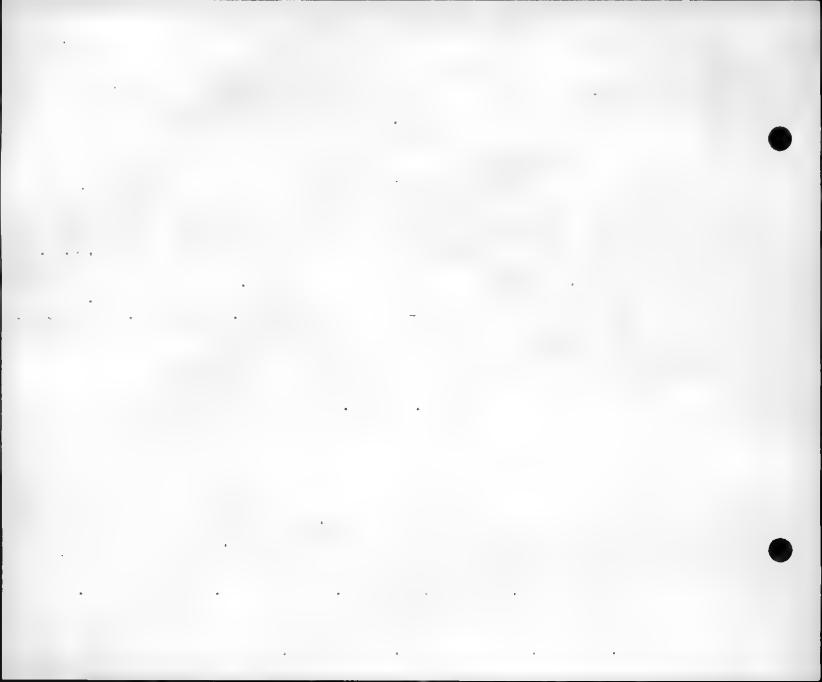
### CERTIFICATE OF DEATH

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¥	retc	ECT	동	E M
0	pe	4L DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in	ge o	ed
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death.	Page 4 may be retained by the haspitol or attending physiciar	ME	ector, page 3 should be detached for use os the buriol-transit permit. Then please remove corbon paper	pe fi
OSP	4	INE	cfor,	pla
Ŧ	age	F	dire	sho
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1. PLACE OF DEATH a. COUNTY Washington	MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. STATE b. COUNTY						
b. CITY OR TOWN (If autside carparate limits, c. l.	ENGTH OF STAY IN 16	Maryland Washington  c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)						
write RIRA; and nive negrest town)	1 Hr.	Rural Boonsboro						
d. NAME DF HOSPITAL OR INSTITUTION (If not in haspital, give st	treet address)	d STREET ADDRESS		e S RESIDENCE DN A FARM?				
Washington County Hospit		Rfd.		YES NO X				
3 NAME OF First DECEASED (Type or print) Myrtle Ka	Middle therine I	rving	4 DATE Manth OF DEATH November	Day Year 14. 19 67				
S. SEX 6. COLOR OR RACE 7 MARRIED X	NEVER MARRIED	. DATE OF BIRTH	9 AGE (In years IF JNDER					
Female White WIDOWED	DIVORCED 🔲 🛕	pril 28, 19	last birthday) Manths 6	Days Hours Min				
during most of working life, even if retired) INDUSTE	F BUSINESS OR RY	, ,	(0	TIZEN OF WHAT DUNTRY?				
Housewire Own	Home	Hagers		U. S. A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME					
Daniel T. Lantz			. Miller					
(Yes, na, ar unknawn) ((If yes give war ar dates af service)		NFORMANT		d.				
		. Clarence	E. Irving, Rfd. 2,	Boonsboro,				
18 CAUSE OF DEATH (Enter only one cause per line for (a), ( PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH				
IMMEDIATE CAUSE (a) Promona	ry Embolus		<u> </u>	24 hours				
DUE TO	Several							
		<u>iosclerotic</u>	Cardio Vascular	years				
stoting the underlying couse DUE TO Disease	"							
lost. (c) Diabete	es. Obesity.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED? YES NO X				
20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Yeor Hour a.m.  20d. INJURY While	E HOW INJURY OCCURRED (	Enter nature of injury in f	Part I or Port If af item 18)					
3 20c. TIME OF INJURY Manth, Day, Yeor 20d. INJURY	OCCURRED 20e PLAC	E OF INJURY (Home, form	20f (City or town) (Co	unty) (State)				
p.m. 17 at work L.J	Not While at work	ary, street, affice bldg., etc.)						
21. 1 certify that (I) (this haspital) attended	the deceased fram No	y 9 , !	9_67, ta Nov. 14, 198	77_, that (I) (we) las				
saw the deceased alive an Nov. 14,	saw the deceased alive an Nov. 11, 1967, and that death accurred at 1.15 M, from causes and an the date stated above							
220. SIGNATURE A. TWO STATES	2 M.D		MED STAFE	ATE SIGNED 15–67				
22c PHYSICIAN'S		22d. ADDRESS						
NAME (Type) Dr. E. W. Ditto, Jr	215 W	Washington	St., Hagerstown,	rd.				
	NAME OF CEMETERY OR		23d. ¿OCATION (City ar Tawn)	(County) (State)				
REGINATION 11- 17- 67	Beaver Creek	-	Beaver Creek, M	d.				
24 FUNERAL DIRECTOR	ADDRESS	2Sa RECD	BY REGISTRAR'S SV 2Sb REGISTRAR'S S	SIGNATURE				
John H. Bast, Jr. 112 N. Mai	n St. Boonsb	oro Md and VU	V & 1 1301 /	- No. 1				

VR A15 (4) 25M 1/67



CHARLES M. ROUZER

HAGERSTOWN.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	_00.0			CERTIFIC	CATE	OF DEATH		10000	
	LACE OF DEATH					a STATE	there deceased lived, if institution Re	r	
	WASHINGTON  b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  HAGERSTOWN			MARYLAND		MARY MARY	LAND	WASHINGTON	
b				LENGTH OF STAY IN	16	c. CITY OR TOWN (If out	tside corporate limits, write RURAL on	d give nearest town)	
				37 YEAF	RS	HAGE	RSTOWN		
d	NAME OF HOSPITAL OR	INSTITUTION (If not in he	spitol give	street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?		
526 EAST WILSON BLVD.					526 EAS	T WILSON BLVD.	YES NO A FARM		
3. NAME OF First DECEASED (Type or print) AMELIA				Middle CATHERINE		JOLY	Doy Year R 24, 1967		
5 5			ARRIED X			. DATE OF BIRTH	DEATH NOVEMBE  9 AGE (In years   IF U	NDER I YEAR   IF UNDER 24 HRS.	
	FEMALE WE	ITE W	DOWED _	DIVORCED	<b>└</b>	APRIL 26, 1	lost hirthday) Man		
10o durir	USUAL OCCUPATION (Give in most of working life, even RETIRED COC	en if retired)		OF BUSINESS OR SIRY TAURANT			N CO. MARYLAND.	COUNTRY?	
13.	FATHER'S NAME					14 MOTHER'S MAIDEN N	AME		
	HUNTER TURN	VER				SARAH E.	RIDENOUR		
15	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 526 F. A MFD es WT 1 SON								
(Tes	, no, or unknown) (If yes	give wor or dotes of servic		.09-5076	MR	LEO T. JO	LY. HAGERSTOWN.	MARYLAND.	
	18. CAUSE OF DEATH (E PART I. DEATH WAS			(b), and (c).)	++	rombos	1,5	INTERVAL BETWEEN ONSET AND DEATH	
	Conditions, if any, which	gove ) (b)	Art	erio 4 c	lor	rotic H.	eart bisees	a of mo.	
- 1	stating the underlying last		HYX	perten	51	VI Vesa	clar Bispers	L 144 4 rs.	
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS AUTOPSY PERFORMED? YES NO L								
	200. ACCIDENT WAS JNDER OR CONTRIBUTING ☐ CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH	20b DESCR	RIBE HOW INJURY OCC	JRRFD (	Enter noture of injury in F	Port I or Part II of Item 18)		
MEDICAL	20c. TIME OF INJURY Mo Hour o.m. p.m.	onth, Day, Yeor 19	20d INJU While at work	RY OCCURRED 2 Not While at work		E OF INJURY (Hame, form, ry, street, office bldg , etc.)		(County) (State)	
	21. I certify that saw the decease	nt (I) (I <b>MX MX MAX MAX</b> ed alive an <u>1</u> 701/	attended	the deceased from 19 <u>67</u> , an	omd		9 <u>60, ta NOV 24</u> 9:15AM, from causes and c	196 Zthat (1) (We) la an the date stated above	
	220. SIGNATURE	a. 1	4	man	M.D	. PHYS X		b. date signed NOV. 25. 1967	
	22c PHYSICIAN'S/ NAME (Type)	LIOYD A.	HOFFI	MAN, M.D.		22d, ADDRESS 214 N. POT	OMAC ST. HAGERST	OWN, MD.	
230	BURIAL, CREMATION,	23b DATE THEREOF	T	23c NAME OF CEMETE	RY OR C	REMATORY	23d LOCATION (City or Town)	(County) (State)	
	REMOVAL (Specify) BURLAL	11/28/67	,	REST HA	VEN	CEMETERY	HAGERSTOWN, WAS	H. CO. MD.	
24	FUNERAL DIRECTOR			ADDRESS		2Sa REC'D	BY REGISTRAR 250 REGISTRA	AR 5 SIGNATURA	
	CHARLES M	ROMZER E	ACIER	STICKEN MAD	VIA	DATE NO	iv 3 0 1967 🦙 💝	arles Judges	

MARYLAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled in hyster Lyberal director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 — should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed withi Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

Pages 1 and 2



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	a. COUNTY	п			2. USUAL RESIDE	ENCE (Where dece			etore admission)		
П	0. 0001111	Wash.		MARYLANO	a. STATE	Md.	b. COUNTY	wash.			
1	b. CITY OR TOW	/N (if outside corpor and give nearest to	ate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corpo	orate limits, write	RURAL and give	nearest town)		
	William	sport	mu)	3Wks. 2Days.	Rura1	Willia	msport :	Rd2	311		
	d. NAME OF HO	SPITAL OR INSTITUTI	ON (if not in h	ospital, give street address)	d. STREET AOORES	SS			IS RESIDENCE ON A FARM?		
		amsport	Sanita	rium	106 Wi	lliams	Circle		S NO		
	3. NAME OF DECEASED		irst	Middle	Last	4. DATE OF	Month	Day	Year		
	(Type or print)	Be1		K.	Keefer	DEATH	Novemb		19 67		
	5. SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIEO	8. OATE OF BIRTH	9.	AGE (In years IF last birthday)	UNDER 1 YEAR IF	Hours   Min.		
	Female	White	MIOOMEO		4-28-1887			Jildis Oays	inii.		
	during most of work	FION (Give kind of work ing life, even if retir 116	kdone 10b. F ed)	KINO OF BUSINESS OR NOUSTRY	Hager:	(County & State, o		12. CITIZEN OF COUNTRY?	WHAT		
	13. FATHER'S NAN	IE			14. MOTHER'S MA	AIOEN NAME					
		Willia	am Kre	ps		Emma	C. Bell				
	15. WAS DECEASED	EVER IN U.S. ARMEO F	af animinal	SOCIAL SECURITY NO.   17.	INFORMANT		Address				
		(If yes give war or dates	-	14-54-0363	Mr. Fred	1 F. Ke	efer Wi	lliam sp	ort Md		
		DEATH (Enter only o Eath was caused b	/ 1	line for (a), (b), and (c).]	D		-)	ONSET	AL BETWEEN AND OBATH		
	/	immediate cause (a) (MC100ma) - Fancre as									
	Cenditions, If	Cenditions, If any, which ) OUE TO MO tastas is to Live K									
	gave rise to immediate cause (a), stating the OUE TO								7		
	underlying cause last. (c)										
* .	PART II. OTHER:	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?									
w] ,	I CA							YES	☐ No M		
	PART II. OTHERS  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	중 20c. TIME OF	INJURY Month, Oay,	Year   20d.	NJURY OCCURRED   20e, PLA	CE OF INJURY (Home,	, farm, 20f. (C	city or town)	(County)	(State)		
		Hour a.m.  p.m.  While Not While at work at work at work									
		21. I certify that (I) (this hospital), attended the deceased from 9 8 , 1967 to 11/3 , 1969, that (I) (we) last									
	saw the de	saw the deceased alive on 1969, and that death occurred at 150 M, from the causes and on the date stated above.									
	22a. SIGNATU	228. SIGNATURE 22b. OATE SIGNED ATTENDING TO MED. STAFF									
	22c. PHYSICI	IN' V	(an	M.C	1 22d, AOOREUS	DIRECTOR	PHYS.	11/0/	0)		
í	NAME (T		MAI	IDELL MD	301	6.	HNTI	Etam	57.		
	23a. BURIAL, CREM BUREMDVALI(SP	MATION, 23b. DATE ecify) 11-8-	THEREOF	23c. NAME OF CEMETERY			ATION (City, town		(State)		
			-07	Broadfordin		-	erstown		rilln:		
7	24. FUNERAL OIR		Home	AOORESS Hagerstown M			RAR 25b. REGI				
		- andraT	HOME .	Tragat scoutt W	U. OATE	NOV 8	19R7 /C	limelas	MAGE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. CA VR A15 (4) 20M 1/65



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Page 4 may be retained by the haspital or attending physician

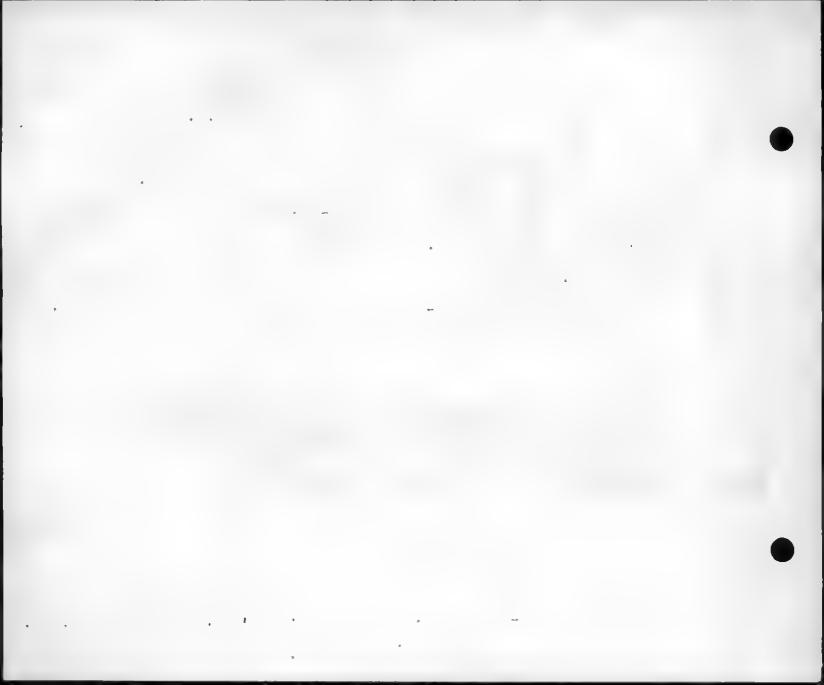
VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages about the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours at

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16670

CERTIFICATE	OI DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
d COUNTY Washington MARYLAND	o.STATE Maryland b COUNTY Frederick
b. CITY OR TOWN (If outside carparate limits, C LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Hagerstown	Lantz P.O.
	d STREET ADDRESS e IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	ON A FARM?
Washington County Hospital	Foxville YES NO X
NAME OF DECEASED (Type or print) Joseph Raymond Kendall	4. DATE Manth OF DEATH NOV. 26 Day Year 79 67
S SEX 6. COLOR OR RACE 7 MARRIED . NEVER MARRIED .	B DATE OF BIRTH 9 AGE (In years IF MDER 1 YEAR IF UNDER 24 HRS
111111111111111111111111111111111111111	6-30-1890 707 b sthday) Manths Days Haurs Min.
during most at warking the every if refined Security Politice Int. Harveste	11 BIRTHPLACE (County & Store, or foreign country)  12 CITIZEN OF WHAT COUNTUSA
13. FATHER'S NAME	14 MOTHER'S MAJDEN NAME
Jacob D. Kendall	Esther Smith
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. 1	NFORMANT Address
(Yes, no, ar unknown) (If yes give war ar dates of service) 277-03-7306	Mrs. Haven Kendall Lantz, Md.
1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))	Panfrela and ONSET AND DEATH
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	ry lintolesm ONSET AND DEATH
465 X DUE TO	
Canditions, if any, which gave ) (b)	
nse to immediate couse (a), Stating the underlying couse	
lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN N. PART 1(a) 19 WAS AUTOPSY
Carcinoma of winery bladdor carc	
200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED	(Enter nature of njury in Part I or Part II of Item 1B.)
OR CONTRIBUTING CICAUSE OF DEATH	ter or many an injury of their contract in an income to y
3 20c TAME OF NIJRY Month, Day, Year 20d INJURY OCCURRED 20e PLAC	CE OF INJURY (Home form 20f (City or town) (Caunty) (State)
Hour o'm While Nat While of factor of the p.m. 19 at wark at work	ary, street, affice bldg , etc )
21. I certify that (1) (this heightal) attended the deceased from 6	ret 15, 1967, ta 2002 26, 1967, that (1) (we) last
saw the deceased alive an	t death accurred at 1139 AM, fram causes and an the date stated above
22- SICHSTIDE	22b DATE SIGNED
200 signature for the signature of the s	
PHYSICIAN'S JOS C. CR (SP -	Lagrestown and
230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR C	CREMATORY 23d 10CAT ON (City or Town) (County) (State)
Bull (pecify) 11-29-67 Mt. Bethel	Meth. Cem. Nr. Foxville Fred. Co.
Raymond E. Creas	ZOF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Naumont Calante Thurmont	A LICENSIE HOLD O LOW!



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

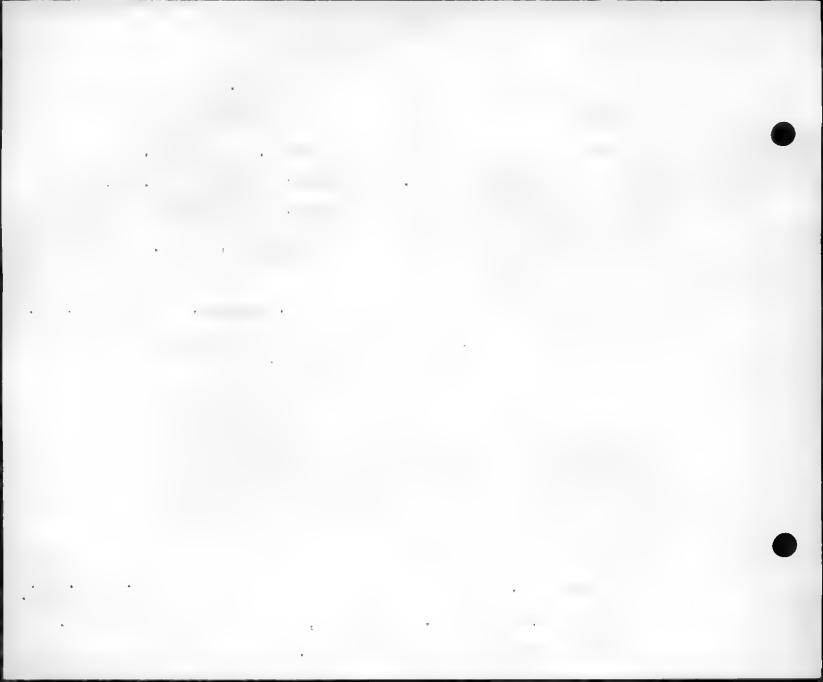
	MEDICAL EXA	WINER 3 CERTIFICATE	OF DEATH	of the said the
1 PLACE OF DEATH	<del></del>		(Where deceased lived, if institution	Residence before admission)
o. COUNTY Washi	ngton	MARYLAND O STATE Per	ma. b county	Franklin
b CITY OR TOWN (If outside corpor	ote Lmits C. ENGTH OF		outside corporate im ts, write RURAL	ond give nearest fawn)
Hagerstown	17 da	ys Green	astle	
	ON (If not in hosp tol, give street addres	d STREET ADDRESS		e IS RESIDÊNCE ON A FARM?
Washington C	ounty Hospital	340 S.	Allison St.	YES NO
3 NAME OF	First M.ddl		4 DATE Month	Doy Year
(Type of pint)	eorge W.	Kennedy	DEATH NOV.	14, 1967
S SEX 6 (OLOR OR I		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Onths Doys Hours Min
male whit	WINDOWED DIV	ORCED 2-12-87		
1Da USLAL OCCUPATION (Give kind of wi during most of working life, even if retire	ork done 10b KIND OF BUSINESS INDUSTRY		te or fore gn country)	12 CITIZEN OF WHAT COUNTRY?
during most of working life, even if refire Station maste	r industry railroad		urg, Penna.	
13. FATHERS NAME Luther	Kennedy	14. MOTHER'S MAIDE	Anna Collii	ns
TO MAKE DEVELOPED EVED IN C. ADMED	THE COUNTY THE COUNTY	NO 17 INFORMANT	Address	
(Yes, no, or unknown) (If yes give wor	or dates of service) 716-09-7	TY - 7 T W	ennedy, Green	castle, Pa.
	one couse per line for (o), (b), and (c)	AUJ		INTERVAL BETWEEN
PART I DEATH WAS CAUSED		Phoumore	Seconday	ONSET AND DEATH
IMMEDIAL	DUE TO	The state of the s		
Conditions, if any, which gave	(b) Fracture	of Reg + Fe	mile	17 day
rise to immediate couse (a), ( stating the underlying couse (	DUE TO	0		
last.	(c)			
PART II OTHER S GNIFICANT COND	TIONS CONTRIBUTING TO DEATH BUT NO			19 WAS AUTOPSY PERFORMED?
Onephon school  200 EXTERNAL CAUSE WAS PR MARY BOTCONTR BUTING CO	1, Benja (2) Dialie	be Hellitun 3 Am	tens schufic Want	Digar YES NO X
2Do EXTERNAL CAUSE WAS PR MARY GOT CONTR BUTING		RY OCCURRED. (Enter nature of injury		, 1
CAUSE OF DEATH		over Rug - F		714
2Dx T ME OF NJURY Month Doy		2De PLACE OF INJURY (Home, for factory, street office bldg, e	0	(County) (State)
12 pm. 20742	1967 of work of work	Home	OLEGN COSTIL	Franklin Pa.
21. I certify that I took	chorge of the remons describe		, Inspection , Inquiry	and in my apinian
death resulted from:	Notural causes, Acc dent	Suicide, Homicide		ner 🗌
ACTUAL C	1000		AL EXAMINER	22. DATE SIGNED
SIGNATURE Chuan	- W X-1110-11-		IED CAL EXAMINER	11-14 10
EXAMINER'S Edward	W. DittoIII		eet, city town or county)	Wash. St.
		CEMETERY OR CREMATORY	23d .QCATION .C ty or Town'	erstown, Md. (Stote)
DC440114 (C		rrisburg, Cemet	The same of the sa	
24 EUNERAL DIRECTOR			7-1	TRAR'S SIGNATURE
Filmich Fune:	ral Home, Hager	stown, Md. DATE	ON TE 1361	ciarles Judges

FOR STATE HEALTH DEPT. uny detay is 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 1PM3. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs offer death 11 necessary, please execute the certificate, writing the word "pending" in pencul in Item 18. Give Pagasa... 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial trans t permit. File pages 1 and 2 with the Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

State Deport

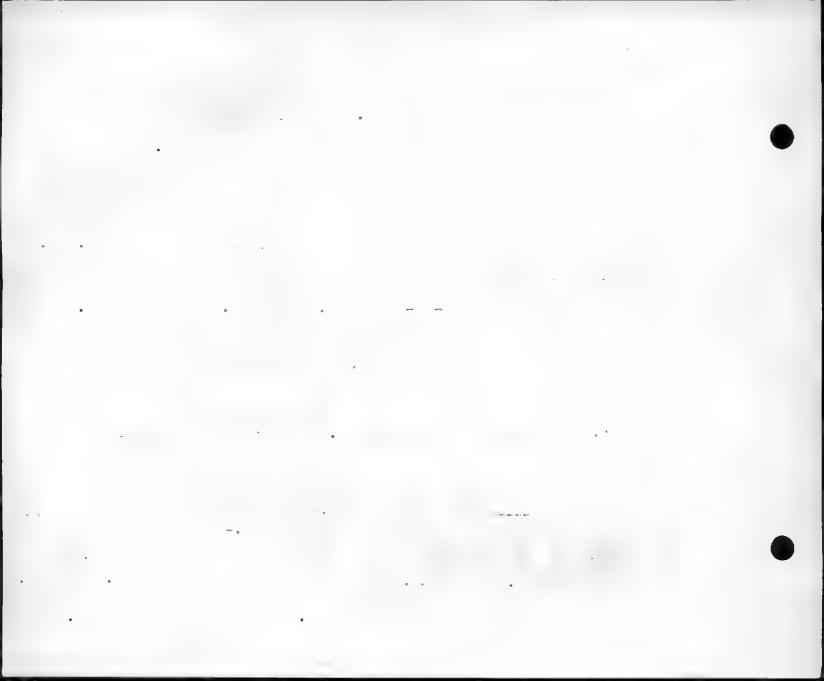
VR A15ME (5) 6M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERT	IFICATE	OF DEATH		7.0	0 6 6
1	PLACE OF DEATH  COUNTY WASHINGTON  M	ARYLAND		Yhere deceased lived, if institu YLAND b. COU	Res dence before WASHIN	odmission) NGTON
	b CITY OR TOWN (If outs de corporate limits, reconstruction of the composition of the com		CITY OR TOWN (IF OU HAGER	tside corporate limits, write RU STOWN	IRAL and give nearest	town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) WASHINGTON COUNTY HUSPITAL		d street address 820 VIR	GINIA AVE.	e	ON A FARM? YES NO
3	NAME OF First Middle DECEASED (Type or print)  EDWARD  LAWREN	CE	KLINE	4. DATE Mon OF NOV DEATH	EMBER 3	Year 167
5.	SEX  6. COLOR OR RACE  7 MARRIED  NEVER MARR  WHITE  WIDOWED  DIVOR		6/29/18		Months Days	Hours Min.
ď	on USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY REPORT ROLL RO		MARY		12 CITIZEN OF COUNTRY 2	WHAT 3 • A •
	SCOTT M. KLINE		14. MOTHER'S MAIDEN N	BEFER		
()	S WAS DECEASED EVER IN U.S. ARMED FORCES?  (If yes give war ar dates af service)  717-07-93	01 MR	NFORMANT S. MINNIE		GERSTOWN MD.	Ŋ
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   JUE TO     Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse   (b)     DUE TO     DISEASE     (c)			nsive Cardiova	ONS	erval between set and death
TON	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT Chronic Pyelonephritis & Nephrosc	RELATED TO T	HE TERMINAL DISEASE COM Arterioscl	idition given in Part 1(a) erosis Oblite		WAS AUTOPSY PERFORMED?
CFRTIFICATION	200 ACCIDENT WAS JNDERLYING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER)			Part I ar Part II af item 3B.)		<u> </u>
MEDICAL	I p.m. ''   atwark 🗀 atwark 🖵	] facto	E OF INJURY (Hame, form ary, street, affice bldg , etc )		(County)	(State)
		ed fram , and that	Oct 27 1 , ) death occurred at	9 <u>67</u> , ta <u>Nov</u> <b>7. –A</b> M, from causes	and on the date	
	220 SIGNATURE Johnan hos	M.D	PHYS L	MED STAFF DIRECTOR PHYS.	Nov 4,	1967
	NAME (Type) William T. Layman, M.D.			ssional Arts	Bldg.Hage	rstown.
2	BO BURIA CREMATION 236 DATE THEREOF 23C NAME OF CORE	HILL HILL	CEM.	23d. LOCATION (City or To HAGERSTO		(State)
	24 FUNERAL DIRECTOR ADDRESS	7			EGISTRAR'S SIGNATUR	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remaye corbon, pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and stand event, with the State Dept. of Health prior to burial, crematian, or removal, and stands event, with the State Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the haspital or ottending physician. VR A15 (4) 25M 1/67



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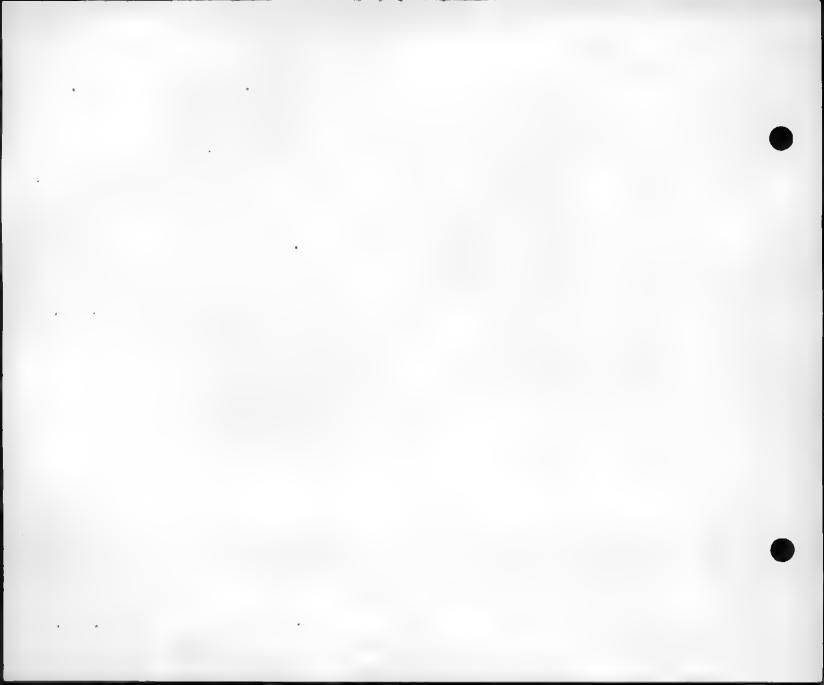
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VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certrifcote has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers —should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 to

		- 60	U		CEKTIFICA	AIL	UF DEATH						
		PLACE OF DEATH o. COUNTY	Washingto	n	MARYLAN	D	2 USUAL RESIDENCE (1 o. STATE Md		sed lived, if institut b. COUI	NTY	sh.	odmissio	in)
		Hagers	f outside corporate limit Cown	S,	tength of stay in it		CCITY OR TOWN (If or Hagerst		ote fimits, write RU	RAL ond give	neorest	town)	
1			at or institution (if a gton Cour				d STREET ADDRESS 875 Pin	e St.				ON A FA	DENCE ARM? NO [
		NAME OF DECEASED (Type or print)	Freder	ick	Albert	L	ancaster	4 DATE OF DEATH	Nov	ember	-		67
	5	male	6 COLOR OR RACE White	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	֓֞֞֞֞֞֞֞֞֞֞֓֓֞֞֞֟֞֓֓֓֓֓֓֓֓֟֟֝֓֓֓֟֟֝֓֓֓֟֟֝֓֓֟֝֓֟֝֓֓֟֝֓	1-13-07	9	AGE (In years day birthdoy)	Months Months	YEAR Doys	Hours	24 HRS Min
	10o dun	usual occupation general	(G ve kind of work done life, even if retired) WOTK	pest ext	ND OF BUSINESS OR BUSINEY <b>erminators</b>		11 BIRTHPLACE (County Mt. Sav	& Stote, or fo			ZEN OF INTRY?	WHAT	
	13	FATHER'S NAME	Benjamin	Lanca	aster		14. MOTHER'S MAIDEN I		ennie Sl	huckh	art		
	15 (Ye	WAS DECEASED EVE s, no, or unknown) n O	R IN U.S. ARMED FORCES? (If yes give wor or dotes)	of service)21	4-05-9703		mma Lanca	ster,	Addre Hager:		, M	d.	
		18 CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (c)  PART . DEATH WAS CAUSED BY  LICX IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate couse (b), stoting the underlying couse (b).  DUE TO  LOST.  LOST.											
	ATION	PART II OTHER SM	GNIFICANT CONDITIONS	(r)CONTRIBLTING T	O DEATH BUT NOT RELATED				EN Hy PART 1(0)			WAS AUTO PERFORME S	
	L CERTIFICATION		UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY OCCUP	RED	(Enter noture of njusy in	Port   or Por	t II of stem 18)				
	MEDICAL	Hour o.r	n. 19	While at work	Not While	focto	LE OF INJURY (Home, form ory, street, office bldg., etc.	)	(City or fown)	(Cou	nty)	(!	Stote)
		saw the de	fy that (1) (this hose eceased olive on	pital) attend	ted the deceased fro	m that	death accurred at	967, 1 Zx+ N	a	and an th	e date		we) lo:
	220 SIGNATURE STAFF 220 DATE MED ATTENDING MED DRECTOR PHYS 1//						29	16-	7				
,		22c. PHYSICIAN'S NAME (Type)	JID	· W	ILSON		22d. ADDRESS						
		BURIAL, CREMATIC PEMOYA SPORTY	12-1	-67	1	wn	Mem. Gar	den	Hager:	stown		d.	tote)
	24	HUNERAL DIRECTO	Funera1	Home,	Hagerstow	n,	Md . 250 RECT	EC 6		Clian		Judy	FA.



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completely filled in by

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital or offending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond comple director, page 3 should be detached for use as the burial-transit permit. Then please remove constant be filed with the State Dept of Health prior to burial, cremation, or removal, and in any every

CERTIFICATE OF DEATH

- 1-		
	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)
	o COUNTY Washington MARYLAND	D. STATE Maryland Washington
ľ	b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b	C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
	write RURAL and give nearest tawn) Hagerstown 3 Yrs	Hagerstown
h	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e IS RESIDENCE ON A FARM?
2	862 Frederick Street	862 Frederick Street YES NO X
	NAME OF First Middle	Lost 4 DATE Month Doy Year
	OFFICE SELECTED (Type or print) TRENE ELIZABETH	LOWMAN DEATH November 29, 1967
13		8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
1	Female White WIDOWED DIVORCED	Sept 18 1912   lost hirthdoy)   Months Doys Hours Min.
	0c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County & State or foreign country) Md. 12 CITIZEN OF WHAT COUNTRY?
ľ	uring most of working life, even if retired)  Examiner  Dorbee Mfg Co	Hagerstown Wash Co USA
r	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
П	Edward Gross	Susan Wilkes
ľ	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	NFORMANT Address
	(Yes, no, or unknown) (If yes give wor or dotes of service)  No B12-34-5498 Jo	hn H. Lowman Sr 862 Frederick St
F	18. CAUSE OF DEATH (Enter only one couse per limb for (o), (b), and (c))	Haver's town Mid P INTERVAL BETWEEN
1	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	ONSET AND DEATH
	DUE TO	
1	Conditions, if ony, which gove ) (b)	
П	nse to immediate cause (a), storing the underlying cause DUE TO	
1	last. (c)	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TREMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ACTORSY PERFORMED?
	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor Hour o m.  100 While   Not While   Not While	Let NO DE
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of item 18.)
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLAI	CE OF IN.URY (Home, form, 20f (C ty or town) (County) (State)
	Hour o m.  p.m.  19 While Not While foct	ory, street office bidg., etc.)
1	21. I certify that (I) (this hospital) attended the deceased/fram_	101.18,196 /, to 100-/196 /hat (1) (wa) last
	saw the deceased alive on 19 and that	t death accurred at 2.4 AM, from causes and on the date stated above.
1	220 SIGNATURE 20 COM	ATTENDING MED. STAFF 22b DATESIGNED
1	MI	PHYS DIRECTOR PHYS.
ı	22c. PHYSICIAN'S NAME (Type)	22d ADDRESS
=	The state of the s	
	236 BUR AL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR	
1	burial"   12/2/67   Rose Hill	Cemetery Hagerstown Wash Co Md
	0-12 00 112 11.00	250. RECD BY REGISTRAR 196725b. REGISTRAR'S SIGNATURE
	Andrew K. Coffman Funeral Home In	C DATE I



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. · boo		CERTIFICATE	OF DEATH		ن ز ن ب	5
PLACE OF DEATH     O. COUNTY			2. USUAL RESIDENCE (	Where deceased lived, if insti		admission)
WASH1	NGTON	MARYLAND	2. USUAL RESIDENCE (	p ((	Freder	cick /
b. CITY OR TOWN (If outside write RURAL and give ne		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside carparote limits, write l	RURAL and give nearest	town)
HAGER	STOWN		Frederic	ok –		r
d. NAME OF HOSPITAL OR IN:	STITUTION (If nat in haspital,	give street address)	d STREET ADDRESS		e	IS RESIDENCE ON A FARM?
WESTERN MARYI	AND STATE HO	SPITAL	Ridge Ro	pad	Y	ES NOT
3 NAME OF DECEASED	First	Middle	A dest	4 DATE M	onth Day	Year
(Type or print)	George	Monds	Magae	DEATH /	7 25	196/
	OR OR RACE 7 MARRIED	THE PERSON NAMED IN THE PE	8 DATE OF/BIRTH	9. AGE (In years last birthday) VIS	IF UNDER 1 YEAR Months Days	Haurs Min
Male Whi			3-6- 1884			1001
10a USLAL OCCUPATION (G ve kin during mast af warking life, even	if retired)	KIND OF BUSINESS OR NDUSTRY		& State, or fareign country)	12 CITIZEN OF 1	WHAI
FOR SMAN	Col	<u>astruction</u>	Cairo,		U.S.A.	
Samuel Mag		. SOCIAL SECURITY NO 17.	Anna Me	arie Morris	kiress	
(Yes, no, grunknown) (If yes given	to war or dates of contice)					
No			Adlai S. M	nagee Ridg	e Rd. Fre	
PART I, DEATH WAS C	er anly one cause per line for AUSED BY.		hnou	1(2)		RVAL BETWEEN T AND DEATH
177X IM		obular	pneum	onia		9-
Canditions, if any, which g	ave DUE TO	tastatic	(ADYCIN	omatosis	1 3	h. ch
rise to immediate cause	(a). (DIE TO	101010	CUICITA	1 11000		more
stating the underlying ca		evernound	of h	vostato	1/1	11
PART II. OTHER SIGNIFICAN		TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19 4	WAS AUTOPSY
	• 6/		. /	315	1 1	PERFORMED?
200 ACCIDENT WAS UNDERLY	/NG □ 20b D	ESCRIBE HOW YOURY OCCURRED.				
OR CONTRIBUTING CAUSE		/				
20c TIME OF INJURY Mon	th, Day, Year 20d		ACE OF INJURY (Hame, form		(Caunty)	(State)
Haur 'a.m.	19 While	e Nat While I fac	tary, street, affice bldg , etc.	)		
21. I certify that		nded the deceased fram_	11-14	19.67, ta 11-	25 196/, tho	it (i) (we) la
saw the deceased		5 1967, and the	it death accurred at	57457 M, fram cause	es and an the date	stated above
220. SIGNATURE	17 1	200	ATTENDING	MED. STAFF	22b. DATE SIGNED	17
Ca	um of 1	rely M.	D PHYS	DIRECTOR PHYS.	W 11-26-	-6/
22c. PHYSICIAN'S NAME (Type)	= duy (	Riby	ADDRESS /	anna Hac	erstown,	MN
	-awin U	· VIRY				7-70
23a. BURIAL, CREMATION, REMOVAL (Specify) Burian	23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City of		(State)
Burial  24. FUNERAL DIRECTOR	11-28-67	St. John te	Com las pro	Frederick D BY REGISTRAR 256.	REGISTRAR'S SIGNATURE	id.
	annal Irama	Film of one A of a		11: 0 0 10C7	TEL SIGNATURE	

TO IIOSPITAL OR ATTEMBING FINYSICIAM: The law remuires that the death certificate be executed within 24 haurs after death. by the funeral Pages 1 and 2 after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban page shauld be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within 7 Page 4 may be retained by the hampital ar attending phymician. VR A15 (4) 25M 1/67

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

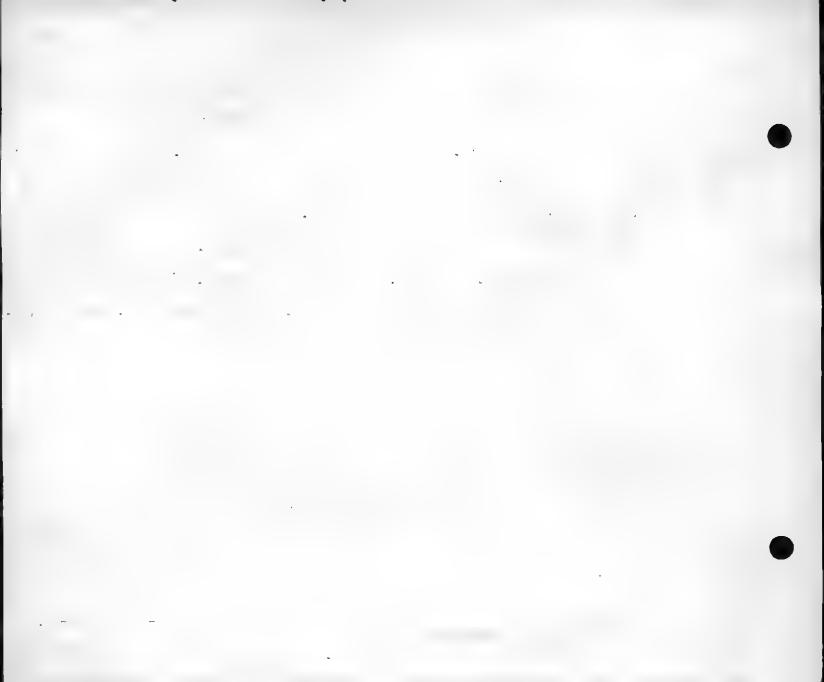
IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fitted in by the forecast director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Page 1 and 2-should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 8

		ARTMENT OF HEAL		
DIVISION OF STATISTICAL RESEARCE	CERTIFICATE		, BALTIMORE 1, MAR	YLAND
5000				76
b. PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceesed lived, If institution, Resi	dence before edmission)
WASHINGTON	MARYLAND	* STATE MERYLAND	b. COUNTYWASHI	NGTON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	prporate limits, write RURAL and gi	ive nearest town)
RYRAL 2	29 YRS	RURAL 2		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	tal, give street eddress)	d STREET ADDRESS	**************************************	. IS RESIDENCE
HOME		HANCOCK MARY	LAND	YES NO
3. NAME OF First	Middle	Last 4. DATE	Month I	Day Yeer
(Type or pr nt) EVELYN	LAVINA	MILLER DEAT	т 11 4	19 67
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED X   8	. DATE OF BIRTH	9. AGE (In yeers   IF UNDER 1 YE	AR IF UNDER 24 HRS.
F W WIDOWED	:_ 1 :	AN.31.1910	57 yrs. Months Day	s Hours Min.
	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State,	or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
done during most of working life, even if retired]		ALLEGANY COUL	NTY U.S	-A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
CLEVELAND D MILLER		RUTH & BRAN	Т	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. S	OCIAL SECURITY NO. 17.	NFORMANT	Address	•
(Yes, no, or unkown) (Ifyesgivewarordalesofservice)	NONE MR	S RUTH G MILLER	R RURAL 2 HAN	COCK MD.
18. CAUSE OF DEATH  Enter only one cause per lin	e for (a), (b), and (c).//	0 /	1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	BASNICKLA	Wobneumo.	nea	ONSET AND DEATH
DUE TO		4/		
Conditions, if any, which \ (b)	Julne	Hary Caln	a	
geve rise to immediate cause	1911	1	A	
(e), stating the underlying ceuse last.	Musbe	les		
PART II. OTHER SIGNIFICANT CONDITIONS CONT	REUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(e	1) 19. WAS AUTOPSY
				PERFORMED?
208. ACCIDENT WAS UNDERLYING . 206. DESC	TRIBE HOW INJURY OCCURR	D. (Enter nature of injury in Part 1 or Pa	art II of item 18.]	1
OR CONTRIBUTING ( CAUSE OF DEATH I (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year   20d. IN			Lity or town) (County	(Stete)
Hour e.m. While at work	Not While fact	ary, street, office bldg., etc.)		
21. I certify that (I) (this hospital) attende		Oct 12 1671	· NCO-4 1000	, that (I) (we) last
saw the deceased alive on	X	death occurred at [1] SM, fro		* * * * * * * * * * * * * * * * * * * *
22a. SIGNATURE	A, and that	desir occurred at 1 1000 to	MI THE COURSE CITY OF MIC	22b. DATE
No sella Alla	<b>3</b>	ATTENDING MED. DIRECTOR	STAFF PHYS.	SIGNED
22c. PHYSICIAN'S		22d. ADDRESS /	-717	
NAME (Type) LINSTIA	FFERM.	D HANC	OCK PH.	1/
	23c. NAME OF CEMETERY	OR CREMETTERY 23d. LC	CATION (City, town or county)	(Stete)
BURIAL 11.7.1967	PRESBYTERIA		COCK WASHINGT	ON MD
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REG		
Harris & Herry	Homes O	may Nav 9 1	967 Acharlin	udal.
Nous and	1 Y - ~ VVE TO	1440 V 3	OUI TO	



2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Washington c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? YES NO X November 8 67 19 FUNDER 1 YEAR IF UNDER 74 HRS Hours 12 CITIZEN OF WHAT Samuel L. Miller 28 Harman Ave. Hagerstown, Md. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO (County) (State) on the date stated above DATE SIGNED Hagerstown-Washington-Md. Hagerstown, Md. Rest Haven Funeral Chapel



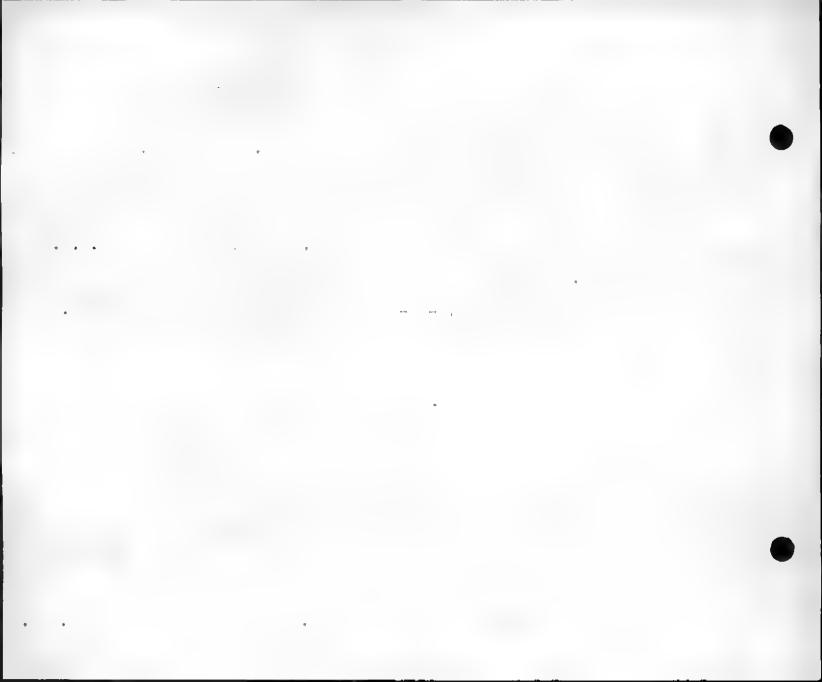
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1000	d	€	9	J

CERTIFICATE OF DEATH

13378

		the of the sale			CERTIFICATIE	OI DUTTIII			
		PLACE OF DEATH D. COUNTY W.	ASHINGTON	,	MARYLAND		Where deceased lived, if institute RYLAND b. COU	tion: Residence b	pefore admission) INGTON
	b	CITY OR TOWN (	lf outside corporate limit	5,	C LENGTH OF STAY IN 16	c. CITY OR TOWN (IF 69 HAGER	utside corporote limits, write RU STOWN	RAL and give ne	eorest town)
	d		AL OR INSTITUTION (IF O			d. STREET ADDRESS 302 N.	POTOMAC ST	•	e IS RESIDENCE ON A FARM? YES NO
	1	NAME OF DECEASED (Type or poot)	ROBER	${f T}$	EDWIN	MILLER	of NOV	EMBER	10 19 67
	5 5	MA LE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED   E	11/7/19	9. AGE (In years lost dynhday) Yrs	Months Do	AR IF JNDER 24 HRS bys Hours Min
			Give kind of work done		ND OF BUSINESS OR ECTRIC POWER		& State or foreign country) YIAND		N OF WHAT
	13.	FATHER'S NAME MARX	W. MILLER	,		14. MOTHER'S MAIDEN LOUISA	NAME LUSHBAUGH		
	1S (Ye:	WAS DECEASED EVE s, no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give wor or dotes	farmers 3.		nformant R - HUBERT	E. MILLER	HAGERS	TOWN MD.
		PART I. DEA Conditions, if ony rise to immedial stating the under last.	rlying couse DUI	(o) (b) (c) (c)	ercinome	g-131	edder		INTERVAL BETWEEN ONSET AND DEATH
-	CERTIFICATION				TO DEATH BUT NOT RELATED TO T				19 WAS AUTOPSY PERFORMED? YES NO
		(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCURRED				
	MEDICAL	Hour o. p.i	m. 19	While of world	k O ot Work O	CE OF INJURY (Home, form ory, street, office bldg., etc.		(County	y) (Stole)
		21 I certi saw the d	fy that (I) (th <del>is ho</del> eceased alive an_	spital) atteni 作りレ・/ 0	ded the deceased fram19 <u>&amp; 7</u> , and that	t death accurred of	19, ta t//_M, from couses	and an the	, that (1) (we) las date stated above
		220 SIGNATURE	16.1	Laft	M.C		MED STAFF DIRECTOR PHYS C	22b. DATE	SIGNED //
1		22c. PHYSICIANS NAME (Type		1! H	oFFmin	22d. ADDRESS 2/14 A	1. Potoma	c.st	pb.
	230	BUR AL, CREMAT REMOTE LIFE OF		3/67	ROSE HILL	CEM.	23d ±OCATION (City or To	WN WA	SH. MD.
	24	FUNERAL DIRECTO	OR	1-11	ADDRESS	74 250. REG	BY REGISTRAN 1967 R	EGISTRAR S SIGN	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state of the state Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state of the state Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state of the sta Page I may be retained by the haspital or ottending physician. VR A15 (4) 25M 1/67



FOR STATE

2, and 3 tai PM3 Page any delay is

mecessary, please execute thm certificate, writing the ward "pemding" in pencifin Item 18. Give Pages 1, the funited director. Page 4 shauld be farwarded to the Chief Mildical Eximiner's Office along with Tora

5 may be retained for your files. Health prior to burial, cremation, == removal, and in any event within 72 hours after death.

This certificate should be executed within 24 hours after death

TO DEPUTY MEDICAL EXAMINER:

VR A15ME 6M 1/67

State Departmer

89

	MIEI	JICAL EXAMINER 3	CERTIFICATE C	T VEATR	
	PLACE OF DEATH				tian: Residence befare odmissian)
	a county In shington	MARYLAND	o STATE Par	yland b (Ou	Weshington
-	b CITY OR TOWN (If outside corporate imits	C LENGTH OF STAY IN TO	c CITY OR TOWN (f a	utside carparate imits, write RUI	RAL and give neorest town)
R	THART SOFTWE LEGGET TOWN)	D.O.A	Wi	lliamsport	21-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital,	g ve street address) DC*	d STREET ADDRESS		e IS RESIDENCE
C	ar Accident Interstate	Wash. Co. Ho		C'urc' Street	ON A FARM? YES NO
	NAME OF First Gaither	Middle Trvin	Last	4 DATE Mont	0 /0
	(Type or print)	-	Mills	DEATH INC	ov. 3 19 67
12	SEX 6 COLOR OR RACE 7 MARRIED		B DATE OF BRIM	9 AGE (n years last birthday)	Months Days Haurs Min
	WIDOWEL			7 / Yrs	
10c		KIND OF BUSINESS OR	11 BIRTHP_ACE (Stote	* **	12 CITIZEN OF WHAT COUNTRY?
		incraft		port, M.	COUNTRY? T.S.A
13	FATHER'S NAME	. 7 7	14 MOTHER'S MAIDEN		Debineen
	Charles · M				Robinson
S <sub>(Y)</sub>	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknown) (If yes give war or dates of service) 2		INFORMANT		ess Ch mch Ct.
	and dealers and any one plan and all are	14-10-4300 r	. Intert ! i	lle "illiausp	ort, id.
	18. CAUSE OF DEATH (Enter only one cause per line for	r (o), (b), ond (c).)			INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Base	1 Fracture Of	Skull		Instant
	9/64 DUE TO				
	risp to immediate raisp (a)	<u> iple Fractures</u>	Of Ribs Rt	& Lt. Side	
	stating the underlying cause ( DUE ID (Cru	shed Chest)			
	last. (c)				
) IS	PART I OTHER S GNIFICANT CONDIT ONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO.	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
CERTIFICATION	Pas	senger in car	north lane	U.S.81 struck	by YES NO 💂
E	200 EXTERNAL CAUSE WAS 205 I	DESCRIBE HOW NURY OCCURRED	(Enter nature of injury in	Part F or Part II of Item 1B )	
	CAUSE OF DEATH CAT CTOSS	sing over from	south lane	near Halfway i	ntersection.
MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d	INJURY OCCURRED 20e PL	ACE OF INJURY (Hame fam clary, street, affice bldg , etc.	20f (City or town)	(Caunty) (State)
2	20c TIME OF INJURY Manth, Day, Year 20d Whit Plants 19 67 at we	ork at work w U.S	81	Hagerstown, W	lashington, Md.
	21 I certify that I took charge of the re	moins described obove, h	eld on Autopsy,	Inspection 😿 , Inqu	uiry 🔲, ond in my opinion
	deoth resulted fram: Natural causes [	🔲, Accident 🔀, Sui	cide, Homicide	Undetermined m	nonner 🗌
	ACTUAL SEX	1/_	CHIEF MEDICAL	EXAMINER .	40 b 420 d 40 c
	SIGNATURE SI ZU ST	15	IVI D	DICAL EXAM NER	22. DATE SIGNED
	EXAMINER'S	.0		AL EXAMINER TX	11-4-67
_	NAME (Type) Dr. E. W. Ditto.			t city town, or county) Hag	erstown, Md.
	BURIAL CREMATION 23b DATE THEREOF	23c NAME OF TEMETERY OR DIVORTIBLE CE		23d LOCAT ON (City of To	t Wash. Co. (State)
	FUNERAL DIRECTOR	ADDRESS	2Sa REC		
	Al'ort L. Leaf Williams		DATE	OV 7 1967	EGSTRARS SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(M)	CERTIFICATE OF DEATH
# =2.4	USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
after death he funeral ges 1 and 2 after death	a COUNTY b. COUNTY
fer	Washington Maryland Washington
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Hagerstown  c. LENGTH OF STAY IN 1b  Hagerstown  C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  Hagerstown
bours Press	
4 = 25.5	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d STREET ADDRESS  e IS RESIDENCE ON A FARM?
The law requires that the death certificate be executed within 24-baurs after a attending physician. has been signed by the attending physician and campletely filled in the funse as as the burial-transit permit. Then please remave carban papers. Pages 1 is the priar ta burial, crematian, ar remaval, and in any event, within 72 hours after a priar ta burial.	Washington County Hospital 299 Summit Ave.
vith fi	3 NAME OF First Middle Lost 4 DATE Month Day Year
f w etel	OF DECEASED (Type or print) Blanche Anna Mumma DEATH November 17, 19 67
npl e c	S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE ( n years I F UNDER 1 YEAR ) IF UNDER 24 HRS.
car car yy e	Female White WIDOWED DIVORCED April 6. 1908   lost birthday) Months Days Hours Min.
nud es	100 USUA, OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT
on conditions	during most of working life, even if retired) INDUSTRY COUNTRY?
sicco sicco area, ar	Telephone Operator Railroad Co. Rural Keedysville, Md. U.S.A.
y saliti	
in a figure	Charles T. Mumma  Is was deceased ever in u.s. armed Forces?  Is was deceased ever in u.s. armed Forces?  Is was deceased ever in u.s. armed Forces?  It was deceased ever in u.s. armed Forces?
eath certifi ending phy nit. Then ar remava	(Yes, no, or unknown) [(If yes give war or dates af service)]
ne death attendii permit.	No. 705- 10- 6872 Miss Catherine I. Mumma, 299 Summit Ave.
that the d an. by the attr transit per	18. CAUSE OF DEATH (Enter only one cause pec line for (a), (b), and (c))  NEEVAN BETWEEN  ONE THE PROPERTY OF
y the	PART I. DEATH WAS CAUSE (a) HI TO BUSINESS COLUMN OCCURRED SOFT OF THE PORT
equires that the physician. signed by the burial-transit p	7201 DUE TO 3/1 A
urre gne grid rrid	(anditions, if any, which gave) (b) by melleuse teast vescese 14/100mm
Par Se de	rise to immediate cause (a), stating the underlying cause DUE TO
ding he he he he	last. (c)
ING PHYSICIAN: The law requires the by the haspital ar attending physician. fer th's certificate has been signed by be detached far use as the burial-traistate Dept of Health priar ta burial, cre	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(q)  19 WAS AUTOPSY PERFORMED?
IAN: The oil ar att ficate has far use Health p	PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 1B)  OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTICE MEAN MED)
AAN: That are all are use Health	20a ACC:DENT WAS UNDERLYING \( \) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)
<b>21</b>	GR CONTRIBUTING CAUSE OF DEATH
PHYSICIAN he haspital contribution this certificat efacthed far to Dept of Hee	[IF EITHER, NOTIFY MEDICAL EXAM.NER]  2 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm 20f (City or tawn) (County) (State)
he he let a be be	Hour a.m. While — Not While — Factory, street, affice bldg, etc.)
ATTENDING etained by the CTOR: After shauld be divith the State	p.m. If ar wark in a dr wark in the second s
d b	21. I certify that (I) (this haspital) attended the deceased fram 19 , 19 , that (I) (we) las
OR ATTENI DIRECTOR: A ge 3 shauld ed with the	saw the deceased alive an 1967, and that death accurred at 9.000M, from causes and an the date stated above
R A reto	220 STGVATURE  M.D. ATTENDING XX MED OF STAFF 11/20/67  M.D. PHYS. XX DIRECTOR PHYS. 11/20/67
N OR Vy be r police of the control o	
MAL DIE	NAME (Type) Donald E. Martin, M.D. 22d ADDRESS 418 N. Potomac St., Hagerstown, Md.21740
Page 4 may be retained by to FUNERAL DIRECTOR: After directar, page 3 shauld be shau die filed with the State	
Dage of San Control	230 BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
55 5 5 W	REMOVAL (Specty) 11- 20-67 Rose Hill Cemetery Hagerstown, Md.
	24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR 5 SIGNATURE
25M 1/67	John H. Bast, Jr. 112 N. Main St. Boonsboro, Minate NOV 2 4 1967 Teliante Judge.



6091

CERTIFICATE OF DEATH

- 1		L 000.	AL				••						
		PLACE OF DEATH					2. USUAL RESIDENCE o. STATE	CE (Where	e deceosed in	ed, if institution		ore admission	n)
- 1			WASHINGTO	N	MARYLAN	iD II		ARY	LAND	D. COUNT		HINGT	ION
	k	CITY OR TOWN (I	foutside corporate limits		c LENGTH OF STAY IN 1	b	c CITY OR TOWN (II			nits, write RURA			
		HAGERSTOWN			Targe	- 1	H	AGE	RSTOW	ΓN			
	(		AL OR INSTITUTION (If no	t in hospitol, g	ive street oddress)		d. STREET ADDRESS					e IS RESIDI	ENCE
l l		WASH:	INGTON CO	UNTY F	HOSPITAL		207	AVO	N_RC	AD		ON A FA	NO X
		NAME OF	Fi	st	Middle		Lost	4.	DATE OF	Month	Do	y Yeo	r
	(	PYPE or print)	ROY		EDWIN		MYERS		DEATH	NOVE	VERR 8	R 196	7
	S. 5	EX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	B.	DATE OF BIRTH			(n years	IF UNDER I YEAR		
		MALE	WHITE	WIDOWED	DIVORCED [	ĪL:	EBRUARY	26			Months Doys	Hours	Min.
		10c, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stole, or foreign country)										OF WHAT	
	during most of working life, even if retired) INDUSTRY RET. FURNITURE FINISHER FURNITURE NFG HAGERS TOWN										COUNTRY		
		RET. FURNITURE FINISHER. FURNITURE NFG. HAGERSTOWN, MD  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME										<del>-3-4-</del>	
		EDWIN	H. MYERS				MARY	Λ.	LEXAN	מיז ת'			
ĺ	15	WAS DECEASED EVEL	R IN U.S. ARMED FORCES?	16 5	SOCIAL SECURITY NO	17 IN	FORMANT		THE PARTY	Address	~~~		
	(Ye	s, no, or unknown) NO	(If yes give wor or dotes o			*				221	RIGGE		
			ATH (Enter only one cou		1-09-09864	ME	S.MILDR	P.D.	DOWLE	P, HAU	ERSTO	TERVAL BETV	
			H WAS CAUSED BY	.1	9000 11 109		-10	0			0	NSET AND DE	
		4200	IMMEDIATE CAUSE	(0)	icic feilure		aryrica				no	neul	
			DUE	10	1-1k Vo	. 1.	1.0.00					Vice in	
		Conditions, if ony, rise to immediate	couse (n)	(b) _ Com	felle the	ny	Moder				40	xuy-	
		stoting the under			1-	4:	1). 1.	1	A		7.00	1 4 0	
		last.	}	(c) <u>ar</u>	Misselin	سد_	frenc	<u>C</u> M	reace		ja		
	NO	PART II OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATED	D TO TH	IE TERMINAL DISEASE	CONDITIO	ON GIVEN IN	PART I(a)	V 19	PERFORME	D3
	2			una.								YES X N	40
	CERTIFICATION	200 ACC DENT WAS OR CONTRIBUTING		20b DE	SCRIBE HOW INJURY OCCUI	RRED. (E	nter nature of injury	in Port	l or Port II o	fitem 18)			
	_	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
	MEDICAL	20c. TIME OF INJU	RY Month, Day, Year	20d IN While	JURY OCCURRED 20		OF INJURY (Home, I		20f (C t	y or town)	(County)	(S	Stote)
	×	p n	10	of work		101101	y, sizer, office blug ,	eic)		,			
		21. I certif	y that (I) (this ships	ntgil)zatteno	ed the deceased fra	m	4,4	, 19	, ta	death	_, 1967, t	hat (I) (y	ve) last
			ceased alive an	× /	101-1967, and	that	death occurred	ot	M, fro	ım causes ar	nd an the da	te stated	abave.
	- 1	22o. SIGNATURE	Λ /	4		-	ATTENDING	MED		CTAFF	22b DATE SIG	NED	
			John C	Alton	H.	M.D.	ATTENDING PHYS.	DIRE	CTOR 🔲	STAFF PHYS	11/10	0/67	
		22c. PHYSICIAN'S	1		100		22d. ADDRESS					7	
		NAME (Type)	JOHN C	STAT	JFFER, M.D	)	145 S.	PR	OSPEC	T ST.	HAGER	STOWN	MI
	230	BURIAL, CREMATIO		REOF	23c NAME OF CEMETER	Y OR C	REMATORY		23d LOCATIO	A (City or Town	n) (Count	y) (St	ote)
j		REMOVAL (Specify)		167	PACE III	TT	O Diversion	т.	JACTO	7.00			
	24	BURTAT.	R	7-17	ADDRESS	طبط	ORMELS'S	C, D, BY			STRAR'S SHENAR		MD
		CHAPTEC	I M DATE				DATE	NUV	151	967 🚜	Charle	, Just	12.

DATE

dereth funeral s

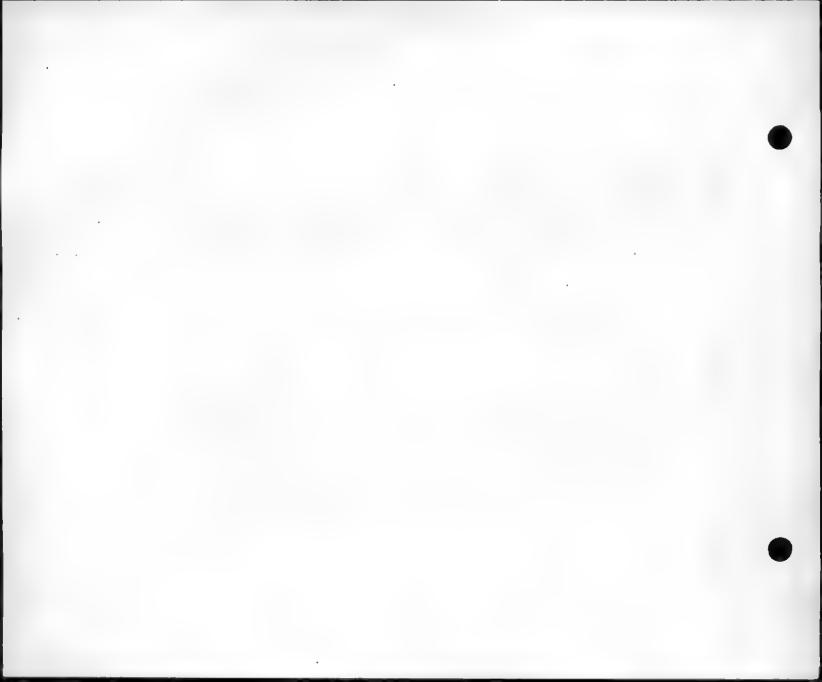
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the farector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers, and a shauld be filed with the State Dept. at Health priar to burial, cremation, or remaval, and in any event, within 72 having after Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

CHARLES

ROUZER

HAGERSTOWN

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

45.7	0	0	0	^	
40°	45	, .	Or	2	

		7063	G		CERTIFICATE	OF DEATH		10082			
Al		PLACE OF DEATH					here deceased lived, if institution	Residence befare admission)			
Z			ashington		MARYLAND	o. STATE Maryl		Washington			
	b	CITY OR TOWN (I	f autside carporate amits, give riearest town)		c LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporote limits, write RURAL	and give nearest town)			
		M	agerstown		41 yrs.	1 yrs. Kagerstown					
	C	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in	ı haspital, gir	ve street address)	e IS RESIDENCE ON A FARM?					
7		Washington County Hos				113 15	ryan Place	YES NO 🗷			
		NAME OF DECEASED	First		Middle	Lost Lost	4 DATE Manth	Day Year			
	- (	(Type or print)	Carri	e	Beatrice	Nicewarner	DEATH TYOUGHUE				
		SEX Jemale	1116:+-	MARRIED [	THE VERY CONTRACTORS	B. DATE OF BIRTH Dec. 16, 1908	1 3 1 3 1 3 1 3 1 3 1	Onths Doys Hours Min			
	10a	USUAL OCCUPATION	(Give kind of work dane	L	D OF BUSINESS OR		State, ar foreign country)	12 CITIZEN OF WHAT			
	duri	ing most of working	life even if retired)	TMD	ustry Egomery Ward	Covington  14 MOTHER'S MAIDEN N.		COUNTRY?			
	13.	FATHER'S NAME				14 MOTHER'S MAIDEN N	AME				
			Walton 9	itzaer	rald	Fann	ie Shoemaker				
	15	WAS DECEASED EVE	COORDINATE ADMED FORCES	14.50		INFORMANT	Address	<del></del>			
	(Y e:	s, na, ot unknown) No	(If yes give war or dates af se	217	7-12-1979 Mr.	D.C. Nicewarn	er 113 Bryan Pl	. Hagerstown, Md.			
		18. CAUSE OF DE	ATH (Enter only one cause	per line for (	a), (b), and (c).)			INTERVAL BETWEEN			
			TH WAS CAUSED BY.  IMMEDIATE CAUSE (a)	Ce	rebral t	hrom box	15	ONSET AND DEATH			
		3300	DUE TO				1				
	Conditions, if any, which gave (b) Arterioscleratic Vescular Disease Sint										
		stating the underlying couse (c) Hypartensive Vascular Disable 17475									
		last	) (c)		. V						
	<u>×</u>	PART II OTHER SH	GNIFICANT CONDITIONS CON	RIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONF	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?			
de l	E E							YES NO			
	CERTIFICATION	200 ACCIDENT WAS	SUNDERLYING  CAUSE OF DEATH	20b DESC	CRIBE HOW INJURY OCCURRED.	(Enter nature of injury in P	art I ar Part II af item 7B)				
	55	(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
	MEDICAL	20c TIME OF INJU Hour an	JRY Manth, Day, Year n.	20d INJ While		(CE OF INJURY (Hame, farm tary, street, office bldg, etc.)	20f (City or town)	(County) (State)			
	E	p.n	n 19	ot wark	at work						
		21. I certi	ly that (1) (this hospit	al) attende	ed the deceased fram_	OCT- 57 , 19	67 to NOV. 8	, 19 <u>G</u> ), that (!) (we) last			
			eceased alive an No	<i>V</i> · \	19_ <u>6/,</u> and tha	t death accurred at	(230) M, from causes and	an the date stated above			
		220. SIGNATURE	1 a.	16	Mne-11		MED STAFF DIRECTOR PHYS	22b DATE SIGNED //-9-6-7			
1		22c. PHYS CIAN S NAME (Type		X	HAFFE	22d. ADDRESS	Intomacut-	4 agerstown, 17k			
			2/040	7 /	1011 m3						
\	230	BURIAL, CREMATIC REMOVAL (Specify)		OF	23c NAME OF CEMETERY OR		23d LOCATION (City or Town)				
		Burial		67	Rest Haven	Cemetery		Vashington-Md.			
		FUNERAL DIRECTO		·	CADDRESS	11.0	BY REGISTRAR 2Sb REGIST	RAR'S SIGNATURE			
ų.		Rest Hau	en Juneral C	hapel	Hagerstown.	Md DATE NO	IV 1 3 1967 /C	1 1			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely fulled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave capban papers - Pages Land should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, without 2 hours afferdest Page 4 may be retained by the haspital ar attending physician

VR A15 (4) 25M 1/67



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. 130		MEDIC	AL EXAMINEK	CERTIFICATE C	IF DEATH				
1 PLACE OF DEATH a COUNTY	/4 1 * *			2 USUAL RESIDENCE (		I CO INITIA			
	Washington	L	MARYLAND	lar	yland	Was	hington		
b CITY OR TOWN (II write RURAL and	outside corporate mits, give pearest town)	(	LENGTH OF STAY IN 16	c CITY OR TOWN (If or		write RURAL and give	neorest town)		
	l'iangansun		Life		gansville				
d NAME OF HOSPITA	L OR INSTITUTION (If not i		street address}	d STREET ADDRESS			e IS RESIDENCE ON A FARM?		
	446 Weaver	Ave.		446	Weaver Av		YES NO 🔀		
NAME OF DECEASED	First		Middle	Lost	4 DATE OF A	Manth	Day Year		
(Type or print)	Clare	ence	Earl	Nonemaker	DEATH /	ovember	8 19 67		
S. SEX		MARRIED Z	NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In	yeors IF UNDER I	Days Haurs Min		
Male	White	WIDOWED	DIVORCED [	Dec. 16, 1905	01	Yrs	Days I radio   Mili		
Do USUAL OCCUPATION	(Give kind of work done		OF BUSINESS OR	11 BIRTHPLACE (Stote	ar foreign country)	12 ( 1	ZEN OF WHAT		
ter ng mast af warking l Irack man, (	hautter.	Penn	a.Railroad	Carlisle	Pa-	US	ZEN OF WHAT UNIRY®		
3 FATHER 5 NAME				14 MOTHER S MAIDEN	NAME				
	Lewis Non	remaker			Minnie Be	u	cansville, Md		
15. WAS DECEASED EVER	IN US ARMED FORCES?	16 SOC	IAL SECURITY NO 17	INFORMANT		Address lang	ansville, Md		
(Yes, no, ayunknown)	( f yes g ve wor ar dates of s	erv (e) 214	-09-4080 Mz	s.C.E.Nonema	ker 446 We	aver Ave.			
	ATH (Enter only one couse						INTERVAL BETWEEN		
PART I. DEAT	H WA'S CAUSED BY.  !MMED.ATE CAUSE (0)	Come	onary occl	usion			Harry		
4201	DUE TO								
Conditions if only,		Ath	erosclerot	ic cardiov	ascular	disea <b>se</b>	Yrs.		
rise to immediate	couse (o), (								
stating the under	living conze								
PART (LOTHER SIG	PART JOTHER SIGNIFICANT CONDITIONS CONTRIB. TING TO DEATH RUIT NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY								
50770	_						PERFORMED?  YES NO TO		
200 EXTERNAL CAL	re emphyse		IRE HOW IN LIRY OCCUPRES	) (Enter noture of injury n	Port Lar Port Lafiter	n 181	1 13 110 1		
PRIMARY ar CON		100 Dr 766	DE HOST INJOR'S DEED GREE	y (titter ttereto ar mijory it	7011 1 41 7011 1 47 1161	,, ,,			
	RY Manth, Day, Year	204 10101	RY OCCURRED 20e. P	LACE OF INJURY (Home, form	n 20f (City or	town) (for	unity) (State)		
20c TIME OF IN. OF HOUR O.TI	1,	White	Not While	octory, street, office bldg., etc		1041) (600	2.11() (31016)		
p.m	. 19	ot work							
	_			held an Autopsy 🔲,	Inspection 🖈	Inquiry [_],	and in my opinior		
death result	ed from: Naturol	couses 🗶 ,	Acciden .	ucide 🔲, Homicide		ined manner 📋	]		
ACTUAL	(1)	VIII	ID Y /IUV	CHIEF MEDICAL	Product of the Party of the Par		22. DATE SIGNED		
SIGNATURE	The second	k 470	The Chara	M.D ASSISTANT MED	DICAL EXAMINER				
EXAMINER'S NAME (Type)	Howard N.	Week	s, M. D.	580 NBTUTE Address (Stree	AL EXAMINER EX t, city, lawn, or county	Hagersto	wn, Ed.		
230 BUR AL, CREMATIO	N, 23b. DATE THERE	OF :	23c NAME OF CEMETERY O		23d LOCATION (C		(County) (State)		
REMOVAL (Specify)	1 11/11/	67	Rest Haven	Cemeteru	Hagerat	own-Washi	naton-Md_		
24. FUNERAL DIRECTOR	4/2m 01	Your X	- ADDRESS	250. REC	D BY REG STRAR	25b. REGISTRAR'S S			
Rest Have	n Funeral Ch	rapel	Hagerstown.	Md DATE NI	DV 13 1967	Attense	les judge		

necessary, please execute the certificate, writing the word 'pending' in pencil in Item 18 Give the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along/v TO DEPUTY A

AL EXAMINER:

2, anu . PM3. Page

ō with pages 1 and 2 with the State Department of

Health or its designated agent, priar to burial, cremation, ar remayal, and in any event within 72 hours after death

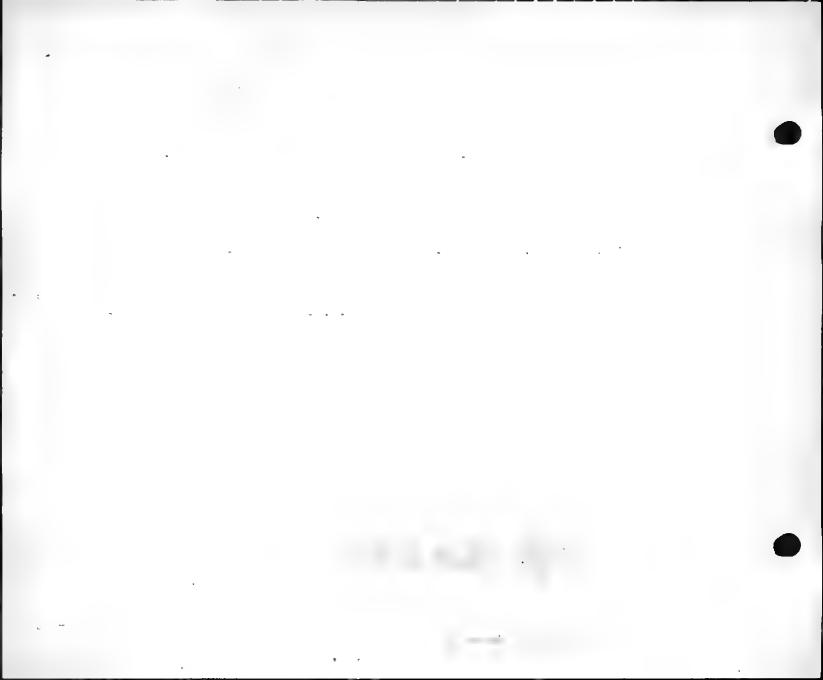
5 may be retained for yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

VR A15ME (5)

Heloy is

This certificate should be executed within 24 hours after death 14



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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### CERTIFICATE OF DEATH

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	-									477 346	
Ī	o. COUNTY	Vashington		MARYL	AND	2. USUAL RESIDENCE () a STATE Ma	Where deceased ryland	lived, if institution b. COUNTY	Residence before W&shi	ngton	an)
	b CITY OR TOWN	(If outside corporate limit	S,	c LENGTH OF STAY IN	1b	c. CITY OR TOWN (If or	itside corporate i	emits, write RURAL	and give neare	st town)	
	Clearspr	d give nearest town)		30 yrs.		Clear	spring			21-	1
		TALOR INSTITUTION (IF A		ive street address)		d. STREET ADDRESS S. Mar	tin Str	ret.		e IS RESH ON A F	
-	NAME OF DECEASED (Type or print)	Anna	31	Middle Catherine		lost Orcutt	4. DATE OF DEATH	Manth ? ov.	Do	y Yeo	or (7
- [ ]	S. SEX Teralo	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH	9. A		UNDER 1 YEAR	Hours	R 24 HRS Min
d	Go USJAL OCCUPATIO luring most of working	N (Give kind of work done plife, even if retired)		ND OF BUSINESS OR DUSTRY HOLE		11. BIRTHPLACE (County Franklin		**	12 CITIZEN C COUNTRY		.1
	13. FATHER'S NAME	Bruce Alfr	red Pr	ovard		14. MOTHER'S MAIDEN	NAME Tilli	e V. Mu	mmert		
	IS. WAS DECEASED EV (Yes, no, or unknown)	ER IN L S ARMED FORCES? (If yes give wor or dotes of	of service) 16.5	7-05-08 3		NFORMANT vl E. Orcu	tt Has	El Address	7 lv		
	PART I. DEA	B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o) Coronary artery occlusion, with myocardial  ONSET AND DEATH									
ı	, , ,	DUE	TO			infarct	tion			??	
	Conditions, if ony, which gove rise to immediate couse (a).   Stating the underlying couse lost.   Conditions, if ony, which gove rise to immediate couse (a).   DUE TO   Hypertensive Cardiovascular Disease   ??										
Modra	PART II OTHER S	PART IL DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, D SEASE (CONDITION GIVEN IN PART 1(a)). 119 WAS AUTOPSY									
	I (IF EITHER, NOTIF)	AS UNDERLYING  GCAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCC	URRED	Enter noture of injury in	Port or Port II	of item 18)			
MATERIAL	Hour 'o.	m. 19	While at work	Not While of work	fact	TE OF INJURY (Home, form ory, street, office bldg., etc.)		ty or town)	(County)		(Stote)
	21. I cert sow the d	21. I certify that (!) (thus applied) attended the deceased from May 13 , 1966, to Nov. 7 , 1967, that (!) () lost sow the deceased glive a November 1 1967, and that death accurred at 8:15AM from causes and an the date stated above.									
	220 SIGNATURE	whi Bok	un Col		M.C		MED DIRECTOR	STAFF PHYS	Nov. 8	, 196	7
	22c. PHYSICIAN : NAME (Type		obert (	Cohen, M.D.	•	Clear S	pring, N	Taryland	21722		
) [	230 BUR AL, CREMATI REMOYAL (Specif		20-67	St. Paul				10% (City or Town)	,	y) (S	stote)
1	24. FUNERAL DIRECT		22.	ADDRESS	-	2So REC'I	D BY REGISTRAR		TRAR'S SIGNATO		
	Allert	I. Leaf ''i	TTSALL	Crt ,'nr; 'a	_1d	DATE	0V 1 0	1967 1	Charle	1 Just	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely 4med in by the funder director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon pagets. Page 1, and should be filed with the State Dept. of ■alth prior to burial, cremation, ar re≡aval, and in a≡y event, within 72 haurs after dept

VR A15 (4) 25M 1/67



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	 -17 N		NG 111	1111-1111	

}											
/ [		PLACE OF DEATH				2. USUAL RESIDENCE (	Where deceosed h		Residence before	e odmission)	
	0	o. COUNTY	WASHINGTON	V	MARYLAND	o. STATE man	eyland	b. COUNTY	Carro	116	
	b		f outside corporate limit	S,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If or		nits, write RURAL			
		write RURAL ond give neorest town) HAGERSTOWN			927 days.	Finksburg					
	d	J. NAME OF HOSPITA	L OR INSTITUTION (If no			d. STREET ADDRESS	-f		T	IS RESIDENCE	
3	W	ESTERN M	ARYLAND ST	ATE HOS	PITAL		_		1	ON A FARM? YES NO E	
		NAME OF DECEASED	Fi	rst	Middle	Lost	4 DATE	Month	Doy	Year	
	(	(Type or print)	HERI	man		Pickett	OF DEATH	Nov.		1967	
	S. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH			UNDER 1 YEAR  Jonths Dovs	IF UNDER 24 HR	
		///	20	WIDOWED	DIVORCED	Dec. 23,18;	94	7.2 Yrs			
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). 110. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 (171ZEN COUNTRY)											
	Anit	FARIM	ife, even if retired)	ed IN	DUSIKI	Montgome	ery coun.	ty, md.	COUNTRY?	SA.	
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN					
		31	narles F.	Picke	ett	Ann 1	Duvall				
			R IN U.S. ARMED FORCES?			INFORMANT		Address	R.D. 2		
	(1.65	Xes	(If yes give wor or dotes o	r zervice)	13-04-70791	lima. linn;	D. P. 0	rictt F	3 1 7 1	79 79 2	
	Ī		ATH (Enter only one cou	se per line for	(o), (b), ond (c),)	/				ERVAL BETWEEN	
		PART I DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(0)	obular	bneum	onla		ON	SET AND DEATH	
		, a	DUE		6 1	120 1		.) /	_ 2	0	
		Conditions, if ony,		(b) Ce	repral 1	dscular	3cc1	deut		yvs	
		rise to immediate stating the under		10 /7	/	1 1	1		1		
		last	)	(1) <u>V</u>	eneralized	avter	105010	rosis	)	ALL	
y	×	PART II OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING T	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o)	19.	WAS AUTOPSY PERFORMED?	
	CERTIFICATION								YI	NO [	
	Ĭ	20o. ACCIDENT WAS OR CONTRIBUTING		20b. DE	SCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Part I or Port II o	of item 18.)			
		(IF EITHER, NOTIFY									
	MEDICAL	20c. TIME OF INTE Hour'o.n	IRY Month, Doy, Year			ACE OF INJURY (Home, for		ty or town)	(County)	(Stote)	
	ME	P nour o.n	10	While of work		ctory, street, office bldg., etc.	1				
	Ì	21. I certif	y that (I) (t <del>his hos</del>	<del>pitaļ</del> ) attend	ded the deceased from_	may 3	19.65 to_	NOV. 16	, 1967, th	at (I) (we) I	
		saw the de	ceased alive on	NOV. 10	61 1967, and the	at death accurred of	3:35 M, fr	am causes an	d on the date	e stated obo	
		220 SIGNATURE	0-0	MV	20	ATTENDING ,—	MED.	STAFF	22b. DATE SIGN	£D .	
			auri.	0/1	My M	.D. PHYS.	DIRECTOR L	PHYS.	a.		
1		22c. PHYSICIAN'S NAME (Type)	" ly ri m	C Di	1 037	22d ADDRESS ZU					
i,			lwin	G. Ril			ragerston	unima	/		
	230.	- BURIAL, CREMATIC -REMOVAL (Specify		EREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATI	ON (City or Town)	(County	) (Stote)	
ļ				1117	Triti ore	I lin al		J. UME	70 7	].	
2	24.	. FUNERAL DIRECTO		1	ADDRESS		D BY REGISTRAR		TRAR S SIGNATUR	Terdet.	
,	100	. F. Wa.	ltz Fox 2	41 Sv	kesville. Mo	DATE N	ov 2 1	967 /	- Lucy	1 1	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely fifled in by the funeral director, page 3 shauld be detached for use as the bur ol-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to buriar, cremation, or remayal, and in any eyent, within 2 bears after feath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

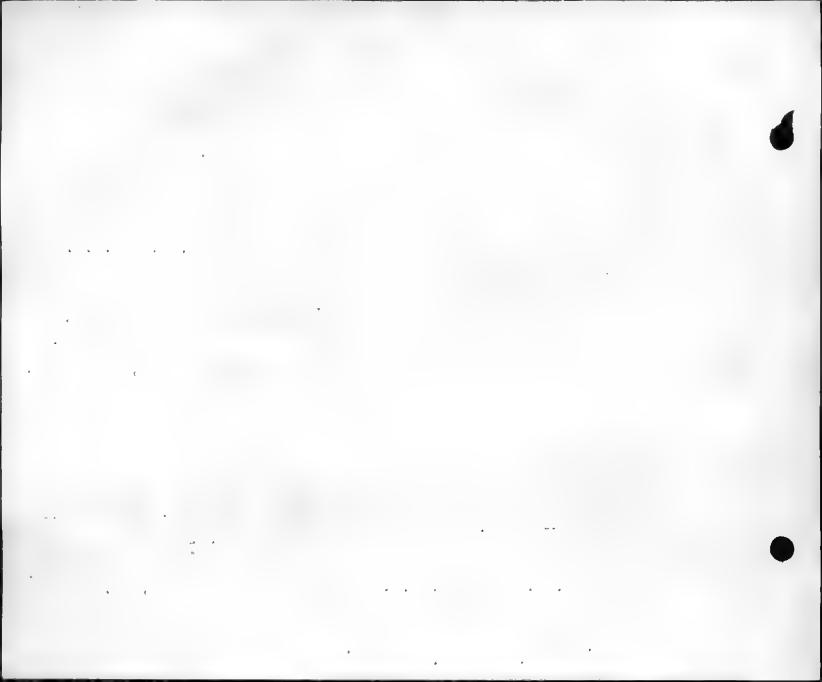
16098 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived if institution. Residence before admission) o. COUNTY Marvland Washington rederick MARYLAND b. CITY OR TOWN (If outside corporate limits, wate RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 23 Davs Frederick. d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) d. STREET ADDRESS e IS RES DENCE ON A FARM? 520 Pearl Street Washington County Hospital YES NO X NAME OF Muddle DATE Lost Month (Type or print) Jeffrey Allen Poole November 21, 19 87 S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED dost birthday) June 24, 1965 Male White WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT None None during most of working life, even if retired) Frederick, Maryland None 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Barbara Ann Mercer Donnie Lee Poole IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. Donnie L. Poole 520 Pearl St. Fred. Md. None 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DULLI DUE TO intra crania, Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse this certificate has been WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bidg. etc. 21. I certify that (1) (this haspital) attended the deceased fram 196 / ta be retained and that death accurred at 11:36 M. from causes and an the date stated above saw the deceased alive an Nov. TO FUNERAL DIRECTOR: 22b DATE SIGNED 11-21-1967 director, page should be filed 22c. PHYSICIAN S 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 11-24-1967 Mount Olivet Cemetery Frederick, Maryland Buria 24 FUNERAL DIRECTO **ADDRESS** 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 NOV 27 Robert E. Frederick, Marylan DATE



	17097			CERTI	FICATE	OF DEATH			JA.	3 J C	1 6		
1	PLACE OF DEATH					2. USUAL RESIDENCE (	Where dec	eosed aved, if instit	ution Resider	nce befare	odmiss+o	n)	
	o. COUNTY	Washingto	272	AA A	RYLAND	o. STATE	land	b (0	UNTY	inci		•	
	b. CITY OR TOWN (	If outcode cornerate limit	J11 i,	c. LENGTH OF STA)		o. STATE Maryland b (OUNT)  Laryland (CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	write RURA, and	d give nearest tawn)				Hagerstown							
-		at OR INSTITUTION (If no	it in hospital a	ive street address)		d STREET ADDRESS	502.0	401177		8	IS RESID	ENCE	
	artin Mo		17 Eas	t Av	e.			ON A FA					
3	NAME OF		12	Middle		Lost	4. DAT		nth	Doy	Уеа	ır	
	DECEASED (Type or print)	Viola		Brooke	F	Reeves	OF DEA	TH Nove	wher	14.	19 🖯	17	
_	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		DATE OF BIRTH	1 001	9 AGE ( n years	F UNDER	1 YEAR	IF UNDER	24 HRS.	
I	emale	™hite	WIDOWED	DIVORC	:ED 🗀 🗜	pril 19,	1874	last birthdoy) 93 yrs	Months	Doys	Hours	Min.	
10a	USUAL OCCUPATION	i (Give kind of work done		ND OF BUSINESS OR		11 BIRTHPLACE (County	& State, or	foreign country)		TIZEN OF	MHAT		
dur	ing most of working	ine, even in terined)		oustry Home		Shepherd	stow	n.W. Va.	ָּט "	S. A.			
13.	FATHER'S NAME					14 MOTHER'S MAIDEN							
	Ale	exander S	haner			Geo	rgan	na Swan	n				
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give, wor or dotes of	f constrol	SOCIAL SECURITY NO		FORMANT	3 -		dress				
1	O	No	13	3-48-361	7   世	s. Gertra Broadwa	iae.	Maisack	atom	Ma			
		EATH (Enter only one cou TH WAS CAUSED BY IMMEDIATE CAUSE	(a) Ce	(o), (b), ond (c)) rebral k				5,336	43	INTER	VAL BETY L AND D	WEEN EATH	
	Canditions, if any	DUE which gave >	Harr	ertensi	ve ce	ardiovasc	มไลท	diseas	e. 1	0-15	5 yr	2	
	rise ta immediat	nse to immediate couse (a), ( NIE TO ARTER OSCIENOTIC								-			
	stoting the under	ng the underlying couse [											
		J	{c}	0.00174.047.407	F1.4780 70 V	to Vertically according				119 V	ALDE SUITE	DC V	
ATION	PAKT II DIMEK SI	GNIFICANT CONDITIONS C	UNTRIBUTING 1	O DEATH BUT NOT R	ELATED TO T	HE TERMINAL DISEASE CO	NDIIION G	IVEN IN PART 1(0)		YES	VAS AUTO PERFORME	NO X	
MEDICAL CERTIFICATION		S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY	OCCURRED (	Enter nature of injury in	Port I or	Part II of Item 18)					
MEDICA	Ноиг от	n. 19	While at work		focto	E OF INJURY (Home, form ry, street, office bidg., etc	)	,		ounty)	(2	State)	
	21. I certif	fy that (I) (this has eccosed alive an $\frac{N}{N}$	pital) attend	led the deceased	and that	death accurred at		to NOV.		he date			
	22a SIGNATURE	COSEG GIVE GIL	1		and mar	6:1		· III •		ATE SIGNED		UDOVE.	
	220 31011110112	17/5/	Meis	le	ATTENDING PHYS	MED DIRECTOR		11	/15/	167			
	22c PHYSICIAN'S NAME (Type)	В. В. К	neisle	y, MD.		22d. ADDRESS		West W erst <b>o</b> wn		gtor	St	•	
230	BURIAL, CREMATIC	ON, 236 DATE TH	REOF	23c. NAME OF CE	METERY OR C	REMATORY	23d	LOCATION (City or	Tawn)	(County)	(St	tote)	
F	REMOVAL (Specify	11/16	67	Rest Ha	ven (	emetery		Hagerst	own . N	arv	and	4	
2.6	FUNERAL DIRECTO	P		2239114		2Sa REC'	D BY REGI	STRAR 25b.	REGISTRAR S S	SIGNATORE			
aŗ	ndrew K	Coffman	unera	l Home	Inc.	DATE N	OV 1	7 1987	Miles	Meso )	wood	E-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled-in by the funeral director, page 3 shauld be detached for use as the bunal transit permit. Then please remove carban/papers: Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

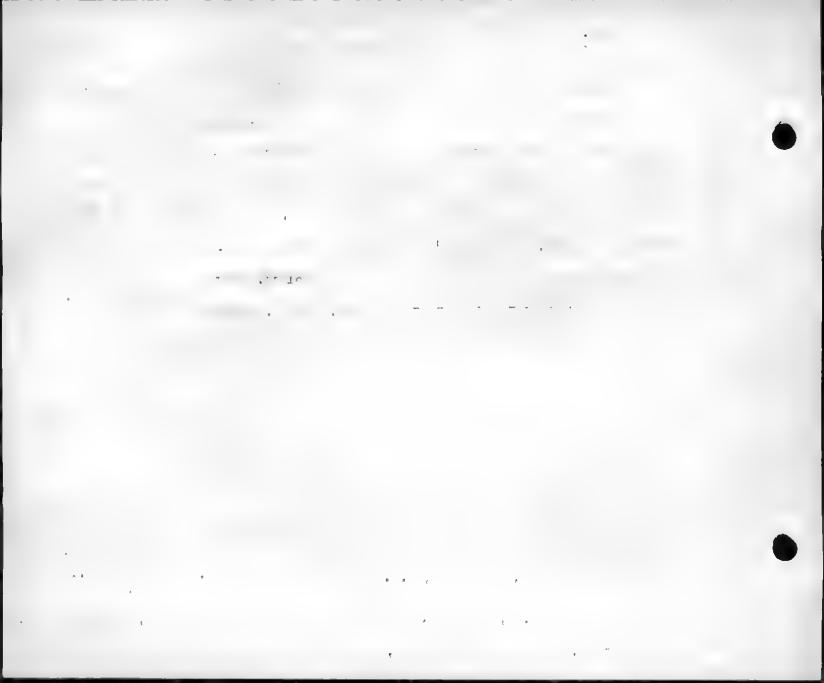


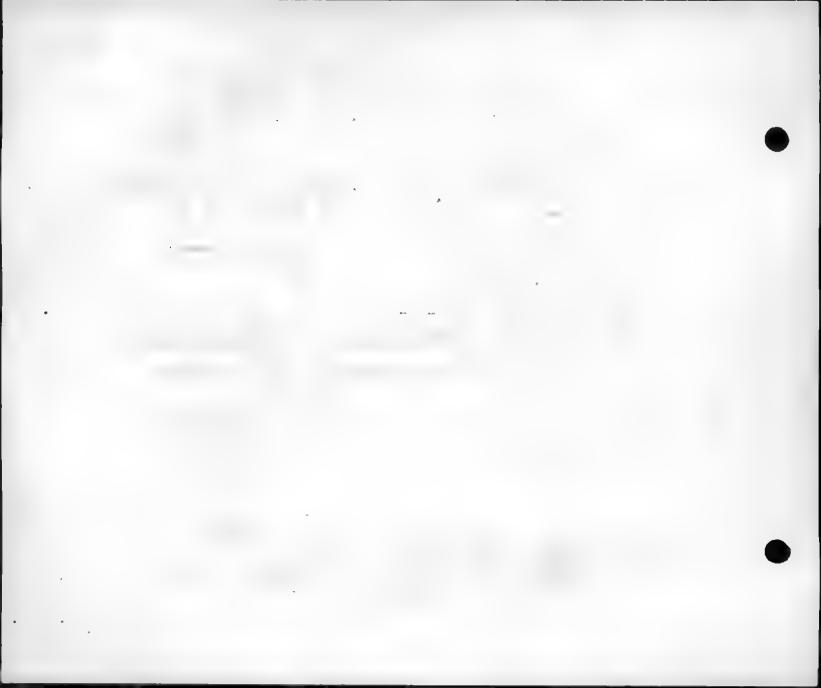
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (III) 25M 1/67

Washington County Hospital Greencastle Pike RFD #1 VEST OF A DEATH OF STATE OF A DEATH OF STATE OF A DEATH OF STATE OF A DEATH OF A		-	095			CERT	IFICATE	OF DEATH			100	88
CITY OR TOWN [If carded coparate mints, winter RURAL and gove newers town)   3 weeks   Williamsport   Williamsport   Williamsport   Williamsport   Washington County Hospital   Street address   Washington County Hospital   Greencastle Pike RFD 1		o. COUNTY		gton		M	ARYLAND	o STATE		b COUNTY		odmission
A MANG OF HOSPITAL OR HISTITUTION (If not in hospital)   A STREET ADDRESS   Washington County Hospital   Greencastle Pike RFD #1   VES ON AF VES		write RUR	AL and give i	de corporate imits nearest tawn)	,			c CITY OR TOWN (If our	tside corporate limit			town)
NAME OF DECARD POINTS   STAND   STAN	-	d NAME OF I	OSPITAL OR	INSTITUTION (If no	t in hospitol, g	ive street oddress)			TITE POT-C		e	IS RESIDE
CHARLES   EDWARD   RICKARD   DEATH   Nov.   20   19	14	Washi	ngton	County	Hospite	1		Greencas	tle Pike	RFD	#1 V	ES
Source of panel   Charles   Court of panel   Court of p	3				**						,	Year
Male   White   Widowed   Divorced   June 30, 1887   Boy   Months 200   Mours	-  -	(Type or prin							DEATH			19 (
100 USDAL OCCLEATION (Give kind of work done during the sensite pixel)   105 KIND OF BUSINESS OR   11 BIRTHPACE (County & State, or foreign quantity)   12 (ITIZEN OF WHAT COUNTRY TO THE POPULATION OF THE POPU	3								lost k			
Table   Dept	7									n 412	20	DATE
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASE DEVELOP L. S ARMED FORCES?   16. SOCIAL SECURITY NO   17. INFORMANT   Williamsport, Md.   17. INFORMANT   Williamsport, Md.   18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (1)   PART I. DEATH WAS CAUSED BY   19. ONE CONSTITUTION   19.	ď	urno most of w	xking life, eve	en if retired)	IN	OUSTRY TO THE STATE OF THE STAT	A TOTAL				COUNTRY?	WILAT
Start   County   Co				aho.	Dyre	WI. D TELL	ier'y			ATT NOT	USA	
15 WAS DECEASED EVER IN L. S. ARMED FORCES?   16 SOCIAL SECURITY NO   17 INFORMANT   Williamsport, Md.   NO   18 CAUSE OF DEATH (Ever only one cause per line for (o), (b), and (c))   PART I. DEATH WAS CAUSED BY   Cauce estivation of the underlying cause   DUE TO   Conditions, if any, which gove rise to immediate cause (a), storting the underlying cause   DUE TO   Conditions, if any, which gove rise to immediate cause (a), storting the underlying couse   DUE TO   Conditions, if any, which gove rise to immediate cause (a), storting the underlying couse   DUE TO   Conditions, if any, which gove rise to immediate cause (b)   Control of the underlying couse   DUE TO   Conditions, if any, which gove rise to immediate cause (a), storting the underlying couse   DUE TO   Conditions, if any, which gove rise to immediate cause (b)   Country   DUE TO   Conditions, if any, which gove rise to immediate cause (b)   DUE TO   Conditions, if any, which gove rise to immediate cause (b)   DUE TO   Conditions, if any, which gove rise to immediate cause (a), storting the underlying couse   DUE TO   Conditions, if any, which gove rise to immediate cause (b)   DUE TO   Conditions, if any, which gove rise to immediate cause (a), storting the underlying couse   DUE TO   TO THE IERMINAL DISEASE CONDITION GIVEN IN PART I(o)   19 WAS AUT PREVORM YES   DO ACCIDENT WAS UNDERLYING   DUE TO   DUE TO   PORT II of item 18 )   DUE TO			_	ard								
(Yes, no. or unknown) [If yes give wor or dotes of service] 216-03-2085   Mrs. Rose R. Rickard   RFD 1  18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (d) PART I, DEATH WAS CAUSED BY  4200   IMMEDIATE CAUSE (o)   Concept first for the	-				16.0	OCIAL SECURITY NO	17 1			174 Irldepen	ant Ma	
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)		Yes, no, or unkn	own) (If yes	give wor or dotes o	f service) 21		-					•
200 ACCIDENT WAS JNDERLYING   20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18)  20c CONTR BLT NG   CALSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF N.URY Month, Doy, Year hour or injury in Port 1 or Port 11 of item 18)  20c TIME OF N.URY Month, Doy, Year hour or injury occurred with the last of the bidg, etc.)  21. I certify that (I) (this haspital) attended the deceased fram   Z - J - 19 6 7, that (I) (sow the deceased alive on   11 - 20 19 6 7, and that death accurred at 30 AM, from causes and on the date stated 220 SIGNATURE  220 SIGNATURE   M.D. ATTENDING   MED		Conditions, rise to imm stoting the lost.	if any, which edicte cous underlying	gove (a), DUE	TO (c)						6	-7 -
20c TIME OF N.URY Month, Doy, Year Hour am pm 19 20d 'NJURY OCCURRED While at work of otwork of work o	* TOTAL 211022	200 ACCIDES OR CONTR B	IT WAS JNDE	RLYING [] SE OF DEATH								
21. I certify that (I) (this haspital) attended the deceased fram Z-J-, 1964, to 11-2c, 1967, that (I) (sow the deceased alive on 11-2c) 1967, and that death accurred at 32 AM, from causes and on the date stated 220 SIGNATURE  220 SIGNATURE  221 PHYSICIANS  NAME (Type)  222 PHYSICIANS  NAME (Type)  223 DATE SIGNED  224 ADDRESS  NAME (Type)  236 DATE THEREOF  NAME OF CEMETERY OR CREMATORY  BROWN OF CEMETERY OR C	MEDIZE	20c TIME C	F NJURY MI	onth, Doy, Year	While	Not While			, 20f (City o	or fown)	(County)	(\$
22c PHYSICIAN S NAME (Type)  John H. Hornbaker, M.D. 22d ADDRESS  Hagerstown, Md. 21740  230 BURIA, (REMATION, BURIA, (REMATION, BURIA, (REMATION)   23b DATE THEREOF   23c NAME OF CEMETERY OR CREMATORY   23d LOCATION (City of Town) (County) (Standard County)   (Stan		sow t	ne deceas	it (I) (this has	pital) attend	ed the decease	ed fram , and that	death accurred at	964, to	causes and	d on the date	stated
NAME (Type)  Hagerstown, Md. 21740  230 BURIA, CREMATION, BURIA, CREMATION, BURIA, CREMATORY Nov. 23.1967  Broadfording Cemetery Broadfording Maryland Wa			49					PHYS. LA	DIRECTOR 📖 F	(1/2)		
Bur Bur Broadfording Cometery Broadfording Maryland Wa	1					ker, M.D.		22d ADDRESS	Hagersto	wn Md	21740	
24. FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 255 REGISTRAR S SIGNATURE		Buryla	<b>Decify</b> )	Nov.23	,1967			Cemetery	Broadfor	rding.	Maryland	d Was
	1			- 0				250 RECD	BY REGISTRAR	25b REGIS	TRARS SIGNATURE	udes





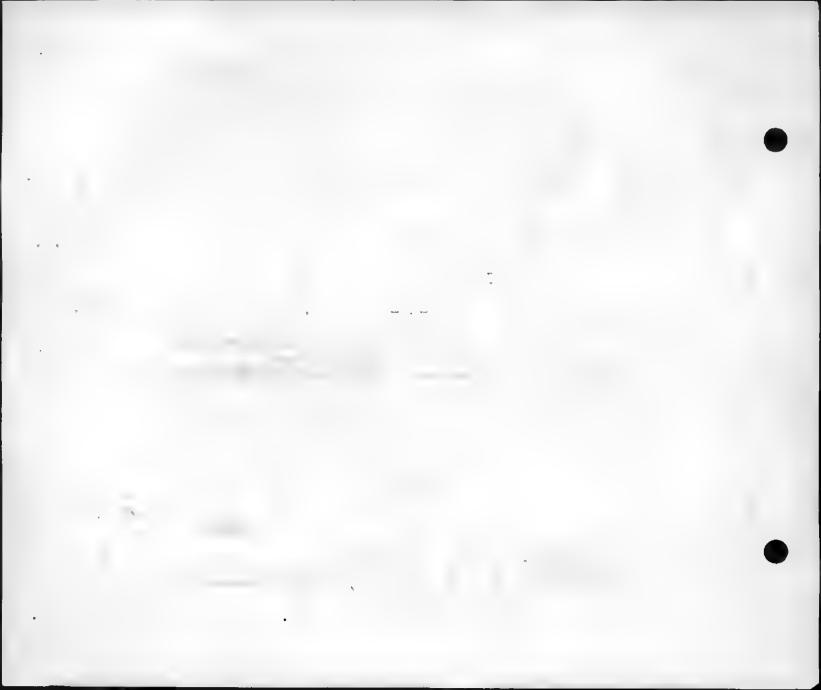
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospita or attending physician.

VR A15 (4) 25M 1/67

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		2.00			CERTI	FICAIL	OF DEATH			Ā	1,0	U		
		PLACE OF DEATH a. COUNTY	WASHINGTON		MA	RYLAND	2 USUAL RESIDENCE (V	Where deceased YLAND		an Residence				
	ŀ	write RURAL on	lf outside corporate imi digive nearest town) HAGERSTOWN	ts,	c. LENGTH OF STAY	/ IN 1b	CITY OR TOWN (If au HAGER	tside corporate STOWN	limits, write RUR	AL and give n	earest fawn	)		
			ALOR INSTITUTION (IF ARYLAND ST	1			d STREET ADDRESS 2360 AP	PLE T	REE DR.	•		ESIDENCE A FARM? TO NO 2		
	(	NAME OF DECEASED (Type or print)	Max	irst	Edwin		Idenour	4 DATE OF DEATH	Nonth	V	Day 6	Yeor 6 7		
	\$ 9	MAIE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	DIVORC	- L	11/15/19	17 5	AGE (In years birthday) yrs		ays Hou			
	duri	<sup>ng</sup> RETTRE	Give kind of work done		URANCE O	00.	11. BIRTHPLACE (County MARYL	AND	gn country)		P.S.A			
			CLAUDE F				14. MOTHER'S MAIDEN NAME MARY DERR							
	1S (Ye:	WAS DECEASED EVE is, no ocunknown) NO	R IN L. S. ARMED FORCES? (If yes give war ar dates	of service) 16	14-09-66	1	NFORMANT RS. GLADY	S RIDI	-	AGERS MI				
		The Cause of Death (Enter only one cause per line tor)(a), (b), and (c).)   PART 1. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   DUE TO     Conditions, if any, which gave nse to immediate cause (a), stating the underlying cause last.   Output Death (Enter only one cause per line tor)(a), (b), and (c).)   DUE TO     DUE TO     Conditions, if any, which gave nse to immediate cause (a), stating the underlying cause last.   Output Death (Enter only one cause per line tor)(a), (b), and (c).)									ONSET AN			
	CERTIFICATION						HE TERMINAL DISEASE CON				19 WAS A PERFO YES 🗹	NO		
		(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)				(Enter nature of injury in I		,					
	MEDICAL	Haur 'o.r	п. 19	• While	k at work	foct	E OF INJURY (Hame, farm pry, street, affice bldg., etc.)		((ity or town)	(Count		(Stote)		
			fy that (I) (this ha		ded the deceased	d fram and that	death accurred at	9.67 to 4.25 AM,		and on the				
		22. BHYSICIAN S	dwn	1)	The	ey M.D	ATTENDING PHYS 22d_ADDRESS	MED DIRECTOR [	STAFF PHYS	22b DATE	16-	67		
	230	NAME (Type	Edwin (	J-, K	1/ey	METERY OR (	1500 Pe	MAC)	Magers	stown				
)		REMODAL EREMATIC		18/67	REST ADDRESS	HAVE	CEM.	HAG	ERSTOWN	N WAS		(State)		
	1	11 7 7	N. T	Her.	1 - 10-		Med DUTE N	0v 2 1	1967	Mund		Since		



Item 20c film #395

12-12-67 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Washington b COUNTY Md. MARY\_AND b CITY OR TOWN (If outside corporate I mits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate in its write RURAL and give nearest town) Write RURAL and give nearest fown)
Hagerstown Hagerstown 2 weeks d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS haurs 4 Willard St. Washington County Hospital 3 NAME OF First 4 DATE Inst Month DECEASED Gl enna Wright November Rinker within (Type or print) DEATH S SEX B DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED b rthdoy) female white 11-23-91 WIDOWED DIVORCED event 1Do LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) NDUSTRY Burlington, W. Va. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ⊑ Jeseph Cornall Eliza C. Bailev and 16 SOCIAL SECURITY NO IS WAS DECEASED EVER N J 5 ARMED FORCES? 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) removal, Marvin Rinker, Cumberland, Md. none 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) crematian, DUE TO Conditions, if ony, which gove a rise to immediate couse (a), DUE TO stoting the underlying couse Artorioscherosis, 9eniral 0 2Do EXTERNAL CAUSE WAS prior PRIMARY O CONTRIBLE NG CAUSE OF DEATH 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 11-51-1987 of work Inspection . Homicide | death resulted from: Natural causes Accident . Suicide 🔀. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S Edu 27d W DEPUTY MEDICAL EXAMINER Hages Your Address (Street, city, town, or county) NAME (Type) 217 W. Washington 235 DATE THEREOF 23o. BUR AL CREMATION. 11-14-67 Beaver Run Cemetery

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? + Britariosclervic Heart Disease 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of musy in Port or Port II of item 18.) Self Inflicted quastof wound of Abdomen + chest (City or town) (County) (State) may be retained for your FUNERAL DIRECTOR: Page Hagerstown WESL Mel. Inquiry 🔀 . and in my opinion Undetermined manner 22. DATE SIGNED 11.12.67 23d LOCATION (C ty or Town) (County) Burlington, W. Va. Runeral Home, Hagerstown, VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Wash.

TE .. NOER 1 YEAR

12 CITIZEN OF WHAT

CO. NTRY?

e IS RESIDENCE

ON A FARM?

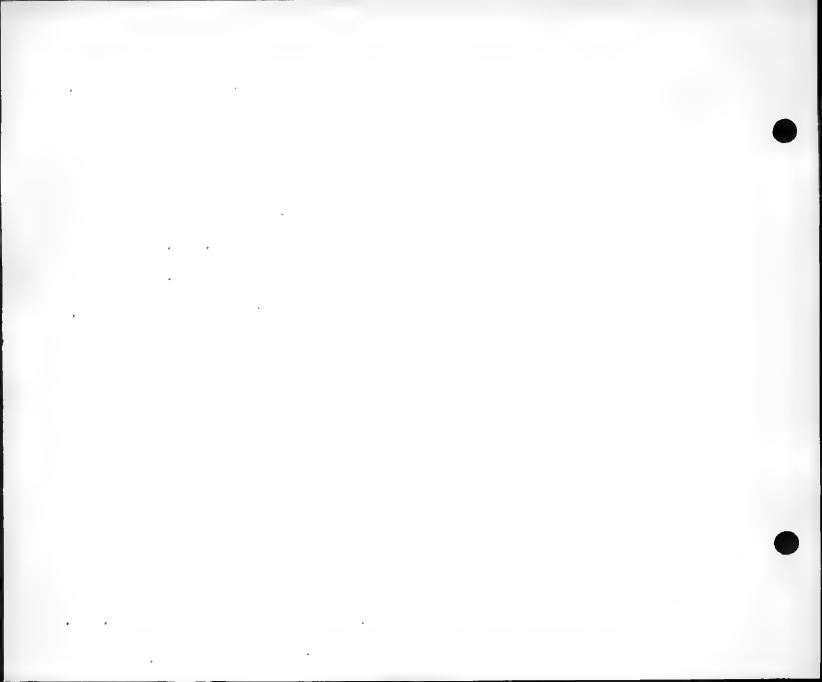
YES NO

OF LINDER 24 HRS

Hours

NTERVAL BETWEEN

ONSET AND DEATH



	Item 21 film #396 MARYLAND STATE DEPARTMENT OF HEALTH	
	1-2-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	
FOR STATE	16102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	23082
HEALTH DEPTY	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if inst	
delay is and 3 ta W3. Page ment af	To. COUNTY Washington MARY, AND MARY MARY MARY MARY MARY MARY MARY MARY	Washington
delay nd 3 3. Po	b CITY OR TOWN (If autside corporate limits, C. ENGTH OF STAY IN 16 C. CITY OR TOWN (If autside corporate limits, write	
ny delay is 2, and 3 ta PM3. Page Barrment af	write RURAL and give neorest town)	,
Depar	d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address)  d STREET ADDRESS	e IS RESIDENCE
		ON_A_FARM?
	RFD 1 Hancock  3 NAME OF From Middle Lost 4 DATE N	YES NO .
Po Po witt	DECEASED	Aanth Day Year
er o		ember 19-20 19 67
hin 24 haurs after death ncil in Item 18. Give Pag niner s Office alang with pages 1 and 2 with the Std urs after death.	last birthdoy	
urs n 1 d2 d2	White Male WIDOWED DIVORCED 9/4/1887 80 VI	
P P P P P P P P P P P P P P P P P P P	10a USUAL OCCUPAT ON (Give kind of work dane during mast of working life, even if retired)  10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country)  INDUSTRY	2 CITIZEN OF WHAT COUNTRY?
24 in l	FARMER FARM PENNSYLVANIA	U.S.A.
rine sine sage	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
with per dam hou	JONN CHRISTIAN RITZ MARGARET HENLINE	
ed in Edward	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT A:  (Yes, na, ar unknawn) (If yes give war ar dates of service)	ddress
xecuted withology in permit Realizal Exar Permit. File within 72 ho	NO ACHSA M KEEFER FORT LO	UDEN PENNA.
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	NTERVAL BETWEEN
shauld be en ward "per a the Chief I burial-transit I any event I	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Asphyxia	ONSET AND DEATH
	7/ DUE TO Combon Monovide Deigovine	
hat we the the any	Conditions, if any, which gave ) (b) Carbon Monoxide Poisoning	
the shape of his	rise to immediate couse (a).  stoting the underlying cause DUE TO	
ing rded as a	last (c)	
vriti	PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LIGHT	19. WAS AUTOPSY PERFORMED?
tificate, writ Id be farwar Inld be used ar remaval,	20a EXTERNAL CAUSE WAS PRIMARY Par CONTRIBUTING   20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of Item 18)  CAUSE OF DEATH	YES W NO
The bear rem	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port Lar Part Laf Item 18)	
tiner: The certification is should be files a should but it in on, ar read of the certification, ar read of the certification is should be should	PRIMARY A G CONTRIBUTING CAUSE OF DEATH  Subject & body Fire found humand he	
NER NER cer shau sha on,	CAUSE OF DEATH  Subject's body was found burned ho  20c. TIME OF JANUARY Month, Day, Year  20d INJURY OCCURED 20e PLACE OF INJURY (Home, farm, 20f. (City or fown)	use (Caunty) (State)
MEDICAL EXAMINER: please execute the certification. Page 4 shauld etained far your files DIRECTOR: Page 3 shau to buriet, cremation, as	Hour a.m. While Not While 1 factory, street, aftice bldg., etc.)	
Page by Stering Sterin	i pin i orwork orwork to Home Hancoc	
of, OR;		nquiry 🔲 👝 ond in my opiniar
EPUTY MEDICAL  SSSSTY, please extended director.  The prior to burion	death resulted from: Natural couses, , Accident A, Suicide , Homicide , Undetermined	manner
please I director retained I DIRECTOR D	ACTUAL CHIEF MEDICAL EXAMINER	22. DATE SIGNED
do lo la	SIGNATURE ASSISTANT MEDICAL EXAMINER W	AZ. DATE SIGNED
The second of	EXAMINER'S DEPUTY MEDICAL EXAMINER	
O DEPUTY MEDICAL EXAM necessary, please execute the the funeral directar. Page 4 5 may be retained far your O FUNERAL DIRECTOR: Page Health prior to burial, creman	NAME (Type) / Edward F. Wilson M. D. Address (Street, city, tawn, or county)  230 BURIAL, CREMATION, 230 DATE THEREOF 23 NAME OF CEMETERY OR CREMETORY 23d .OCATION (City or	November 20, 196
O The Co	REMOVAL (Specify)	, , , , , , , , , , , , , , , , , , , ,
and a	BURIAL 11/22/67 ROGERS HETCHTS RED 1 HAND	COCK, WASH. MD.
VR A15ME (5)	24. FUNERAL DIRECTOR  ADDRESS  ADDRESS	REGISTRAR'S SIGNATURE
6M 1/67	Housed & George Hancon a mel DATENOV 24 1967	Acharles Judge



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

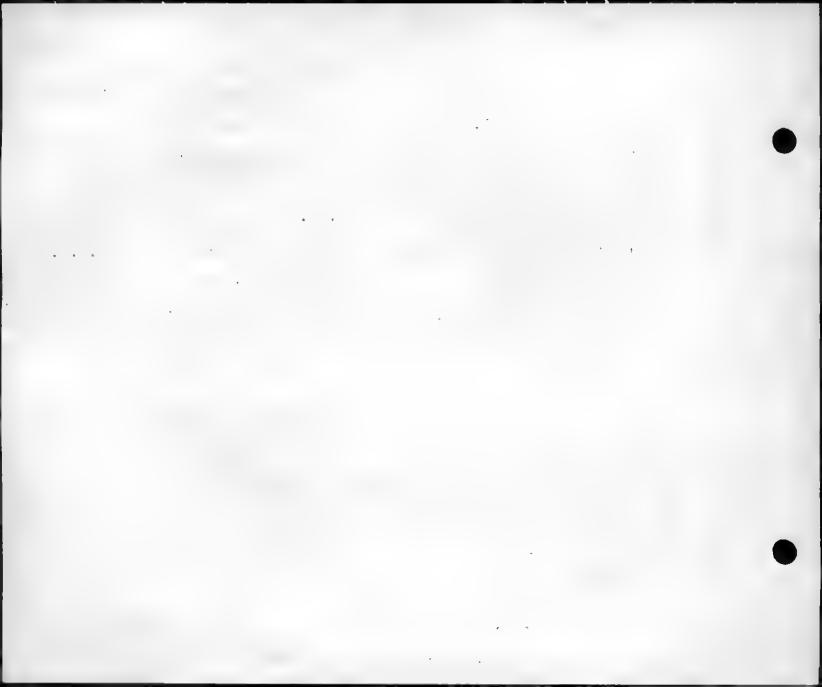
# CERTIFICATE OF DEATH

16093

		PLACE OF DEATH				1 2.	2. USUAL RESIDENCE (Where dereased lived, if institut on Residence before admission)						
	1	a. COUNTY	ASHINGTON		MARYLAND		MARYL	AND	b. COUNTY W	ASHING	TON		
		b CITY OR TOWN (If	autside corparote limits,		c. LENGTH OF STAY IN 1b	(	CITY OR TOWN (If out	1111					
	R		GERSTOWN N	ND.	18 DAYS		HAGERS	FOWN				ŕ	
	_		L OR INSTITUTION (If not i	n haspital, giv	re street address)	d.	STREET ADDRESS			0	S RES DE		
	٩V	ALON MA	NOR NURSIN	IG HOM	AE.		1208 GLE	NWOOD A	VE	Y	ON A FAI	NOM	
		NAME OF	First		Middle		Last	4 DATE	Month	Day	Year		
		DECEASED (Type or print)	CHARL	ES	IGNATIUS	1	ROBEY	OF DEATH	11	18	19	67	
	S	SEX	6 COLOR OR RACE 7	MARRIED	NEVER MARRIED	] 8 D	ATE OF BIRTH	9 AGE (		INDER 1 YEAR	IF UNDER Hours	24 HRS.	
		М	W	WIDOWED [	DIVORCED [	19.	10.1899	68st 1	yrs //	IIIIS Days	uôàiz	SN IF1	
		JSJAL OCCUPATION ing most of working li	Give kind of work done		O OF BUSINESS OR USTRY	1	BIRTHPLACE (County 8	State, or fareign col	intry)	12 CITIZEN OF COUNTRY?	WHAT		
	R	ETIREB	o, escitic tellicoj	ORCH	HARDIST		HANCOCK	MARULA	ND.	U.S.	Α.		
	13.	FATHER'S NAME				14	. MOTHER'S MAIDEN N	AME					
		JOH					AMANDA	SISHOP					
			IN L.S. ARMED FORCES? If yes give wor or dates of s	ervice)		17 INFO	RMANT		Address	AGERST	OWN	, MD.	
	_	NO				MAR	GUERITE, 1	ROBEY		GLENWO	00_/	AVE.	
		18 CAUSE OF DEA	ATH (Enter only one couse F WAS CAUSED BY.	per line for (c	10/2001/1/2	DA.	Les Has	92.4.	11531		RVA. BETW LIMAND DE		
		1	IMMEDIATE CAUSE (o)	3	716 616 010	1901	1/09	(3)	(10)	CHIN	1/0/16	VVU	
		Conditions, if ony,	DUE TO	V	110048110	201	1018	01/ 2/92	20 A12				
		rise to immediate	couse (a)		No Charle	1 21	9 1	101	011				
		stoting the underl											
			) (c)		DEATH BUT NOT RELATED	TO THE 1	CERTIFICATION OF THE COMME	NATION CHANGE	DY 1(=1	110 1	WAS AUTO	DCV	
1	₩0,	PART I OTHER SIG	12017: 0.1	William (	6.V. 19.111	ath Intel	IEKMMAL DISEASE COM	JITION GIVEN IN PA	(KI I(B)	F	PERFORME	D?	
40.	MEDICAL CERTIFICATION	20g ACCIDENT WAS	IMPERIVING TO	7 20h / AESC	RIBE HOW INJURY OCCURE	ED (Ente	or nature of invest to 0	ort Los Port II of it	10 1	YES		10  20	
	CERTI	OR CONTR BUTING [	I CAUSE OF DEÁTH	2007065	MOL HOW INDUK, OCCUR	ten (time	er matore at minuty it ?	dit i di rdii i di i	ן פי ויום				
	3	(IF EITHER, NOTIFY N	RY Manth, Day, Year	20d NA	URY OCCURRED 20e	PLACE O	F IN.URY (Hame, farm,	20f (City )	or town)	(County)	(5)	tate)	
,	MEDI	Hour'a m	19	While	Not While		street, affice bldg., etc.)	(6.7)		(000, 1,)	(,	14.07	
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		22c. PHYSICIAN'S NAME (Type)	F 2/12	ANI	10091	Ī	22d_ADDRESS	Pita	MAF	VENIS	Mesh	m	
	22-	BUR AL, CREMAT OF	I 23b DATE THERE	7///	23c NAME OF CEMETERY	OR «CO	- U U	23d LOCATION	ICity on To la	CICINA	150		
	200	RIMOVAL (Specify)	11.21.	. 0	MT OLIVE		arcon I			/(County)	Net Car	TON	
1	24	FUNERAL DIRECTOR		7	ADDRESS	1	25g. REC'D	BY REGISTRAR	2Sb REGISTR	AR'S SIGNATURE		UN	
1	1	La	0 1 21.	0 7	t	200	VOMAG		galio		del		

TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the death certificate be executed within 24 hours after deag Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plysicum and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after VR A15 (4) 25M 1/67



13094

	_ /10 /	, U	MEDICAL EXAMINER	3 CERTIFICATE	UP DEATH		
	PLACE OF DEATH				(Where deceased lived if	institution Residence	ce before adm ssion)
(	o. COUNTY	Washington	1 MARYLAND	o STATE	Md.	b. COUNTY Wash	l.
ş	CITY OR TOWN ( fo	utside corporate limits,	c LENGTH OF STAY IN 16		outs <mark>ide c</mark> orporate limits, w	irite RURAL and give	negrest fown)
	Hagersto	Win	30 years	Hagers	town		
		OR INSTITUTION (If not in has	pita, g ve street address)	d STREET ADDRESS			e IS RES DENCE ON A FARM?
	1019 Flo	rida Ave.		1019 F	lorida Av	ð.	AEZ NO
	NAME OF DECEASED	Frst	Middle	Lost	4 DATE	Month	Doy Year
(	Type or print)	George		Robinson	DEATH N	ovember	
			RRIED K NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In )	rears IF JNDER I	Doys Hours Min
n			DWED DIVORCED DIVORCED DIVORCED	-	77	yrs	ZEN OF WHAT
tuo duri	USUAL OCCUPATION (G ng most of working life I Lask ma		ind blast mfg	11 BIRTHPLACE (State	urg, Md.		JATRY?
-	FATHER'S NAME	Ker 30	ind prast mig	14 MOTHER'S MAIDEN			
10.		1bur Robins	son	14 MOTHER 3 MORIDER	Mary Ca	ase.	
15.	WAS DECEASED EVER	U.S. ARMED FORCES?		7 INFORMANT		Address	
(Te	yes	yes give wor or dates of service	217-12-2645	Mary Robin	nson, Hage	erstown,	Md.
Ī		H (Enter only one couse per li	ne for (o), (b), and (c) )				INTERVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY	Carbon Monoxide	Poisoning		Several m	ONSET AND DEATH
	7/3/	DUE TO					
	Conditions, if ony, w						
	nse to immediate a stating the underlyi						
	lost.	(c)					
	PART I OTHER SIGNI	F CANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE C	ONDITION G VEN IN PART	I(o)	19 WAS AUTOPSY PERFORMED?
5							YES NO
CERTIFICATION	20a EXTERNAL CAUSI PRIMARY Car CONTR		Ob DESCRIBE HOW INJURY OCCURR	D (Enter nature of in ury ii	n Part   ar Port II of Item	В)	
Œ.	CAUSE OF DEATH		attached to exh	forety attend	ing into en	പ്രമേദ് പോ	7" -
MEDICAL	20c TIME OF INJURY	Month, Doy, Year	20d .N. RY OCCURRED [ 20e	PLACE OF INJURY (Home, fa-	rm 20f (Cty or t	own) (Cou	.nty) (State)
W.	Hour em	11-23- 19 67	While Not While of work	foctory, street, office bldg , et Home	Haperstown	Washing	ton Md
			e remains described above,				
	death resulted			. ,		ned manner	]
		1		CHIEF MEDICA	<u></u>		•
	ACTUAL SIGNATURE	A. 311. K.	with a	M.D. ASS STANT MI	ED CAL EXAMINER	11-24-67	22. DATE SIGNE
	EXAMINER'S			DEPUTY MED	CAL EXAMINER X		
	NAME (Type) Do	E.W. Ditt	o. Jr.	Address (Stre	et, city, town, or county)	Hagersto	wn. Jd.
230	BUR AL CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (C)	ty or Town)	(County) (State)
	BENCHAT RESULT)	11-27-67		L Cometery		stown, M	id.
24	FUNERAL DIRECTOR	unanal U	, Hagerstown	2So RE	1.	25b REGISTRAR'S SI	
7-1	THILL DIT E	minetal nome	, nagerstown	DATE	NOV 27 196	1 Trues	res Judge

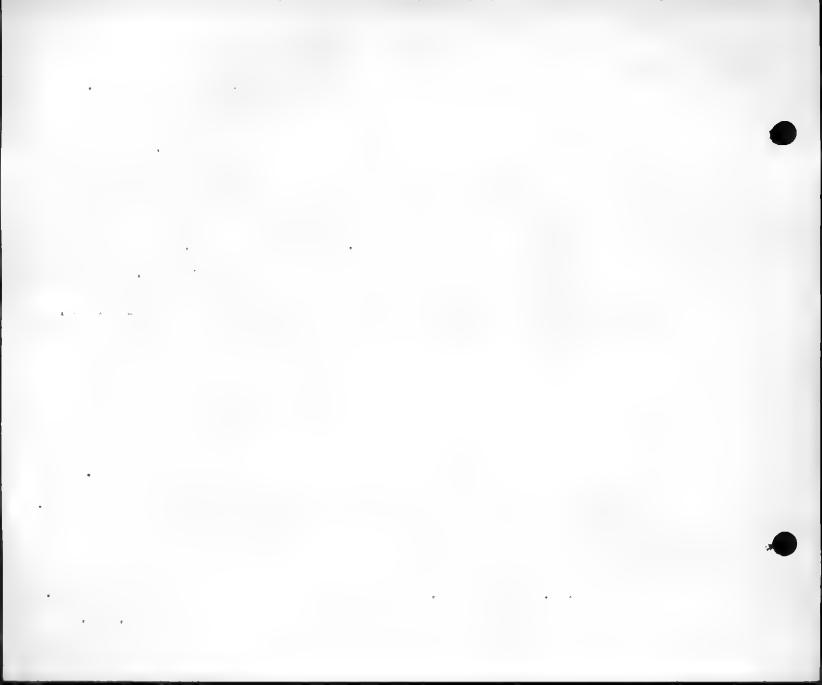
NOV 27

VR A15ME 6M 1/67

uny detay is . 2, and 3 ta

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwaraed to the Chief Medical Examiner's Office along with farm. PM3 Page

TO DEPUTY MESICAL EXAMINER: This certificate should be executed within 24 hours after death If



MARYLAND STATE DEPARTMENT OF HEALTH Item #236, c & d Fili 1002 1 27 121 16895 I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY b CRY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Washington Marvland O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after c LENGTH OF STAY IN 16 c CITY OR TOWN (If putside corporate limits, write RURAL and give negrest town) 2 Vecks d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Hagerstown d. STREET ADDRESS e IS RESIDENCE ON A FARM? led Avulon Manor 300 East Franklin YES NO 🔀 3. NAME OF Middle Year First DECEASED WILLIAM SHANK RUDISILL DEATH Nov 28 1967 (Type or print) 19 S. SEX 9. AGE (In years IF LINDER 1 YEAR 16 UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH El sirthdoy) 7 MARRIED Hours white harch 1 1886 Male DIVORCED XX 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) industry during most of working life, even if retired)
Painter physicion c COUNTRY? \$mi theburg Wash Co 13. FATHER'S NAME John M. Rudisill Kate Phillips 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service 17 INFORMANT 16. SOCIAL SECURITY NO 220-09-9125 W. Walter Rudisill 205 Pheasent Trail INTERVAL BETWEEN ONSEL AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART 1 DEATH WAS CAUSED BY. Hagerstown Md. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** stating the underlying couse as the this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS ALTOPS PERFORMED? of Heolth N0 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port For Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) While at work of work foctory, street, office bldg., etc.) After attended the deceased fram \_\_\_\_\_\_\_, 1963, ta\_\_\_\_\_\_\_, 1857, that (1) (we) last 26 1 19 2, and that death accurred at 4 1 M, fram causes and on the date stated above. 21 I certify that (I) (this haspital) attended the deceased fram. TO FUNERAL DIRECTOR: saw the deceased alive an 220 SIGNATURE Milucison DIRECTOR director, page should be filed 22c. PHYSICIAN'S NAME (Type) 230 BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) REMOVAL (Specify) Smithsburg Cometery Smithshura W-Shio. Md. Hagerstown 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Coffman Funeral Home Inc



e IS RESIDENCE ON A FARM?

Year

IF UNDER 24 HRS

INTERVAL BETWEEN

O months

10 months

19 WAS AUTOPSY PERFORMED?

NO X

(Stote)

(Stote)

certain

(County)

22b DATE SIGNED

Nov 11 , 1967

(County)

Ocharles

MOV 14

67

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12 CITIZEN OF WHAT

COUNTRY 2

NO

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased aved, if institution. Residence before admission) o COUNTY Washington b. COUNTY MARY! AND Washington b (IIY OR TOWN (H outside corporate limits, write RURAL and give necrest town) Rural Smithsburg c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 Months Rural Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Smithsburg R. F. D. #2 Hagerstown R. F. D. #5 NAME OF Middle 4 DATE DECEASED Sigsanna 3 Rudolph Nov. (Type or pnnt) DEATH AGE (In years IF JADER 1 YEAR S SEX 6. COLOR OR RACE 8 DATE OF SIRTH 7 MARRIEUXIX **NEVER MARRIED** 7 (ost birthdoy) Months Female White Feb. 11 1897 WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 8IRTHPLACE (County & Store, or foreign country) during most of applying life, every if retured) INDUSTRY Maugansville Wash. Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David M Horst Mary Eshelman 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no ocunknown) [If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Virlus F Rudolph Hagerstown R.F.D.#5 no CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).

PART I DEATH WAS CAUSED BY Pleural & Generalized Abdominal Metastases IMMEDIATE CAUSE (o) DUE TO Malignant Paraganglioma - site of origin Conditions, if any, which gove rise to immediate couse (a), uncertain DUE TO stating the underlying couse PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18.) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form (City or town) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour to.m. foctory, street, office bidg., etc.) ot work L to Nov 10 21 I certify that (1) (this hospital) attended the deceased from Jan 27 19 57 , and that death accurred at 9 AM, from causes and on the date stated above. Nov saw the deceased alive an 220 SIGNATURE ATTENDING M.D. DIRECTOR 100 Professional Arts Bldg, Hagerstown. NAME (Type) William T. Layman, M.D. 230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Nov. 13. 67 Stouffer Mennonite Cemetery Smithsburg ADDRESS 24 FUNERAL DIRECTOR 2So REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE

Smithsburg Md.

directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta Page 4 may be retained by the haspital TO FUNERAL VR A15 (4)

Minnich Funeral Home

24 hours ofter death.

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executed

that the death certificate be

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signed by the burial-transit

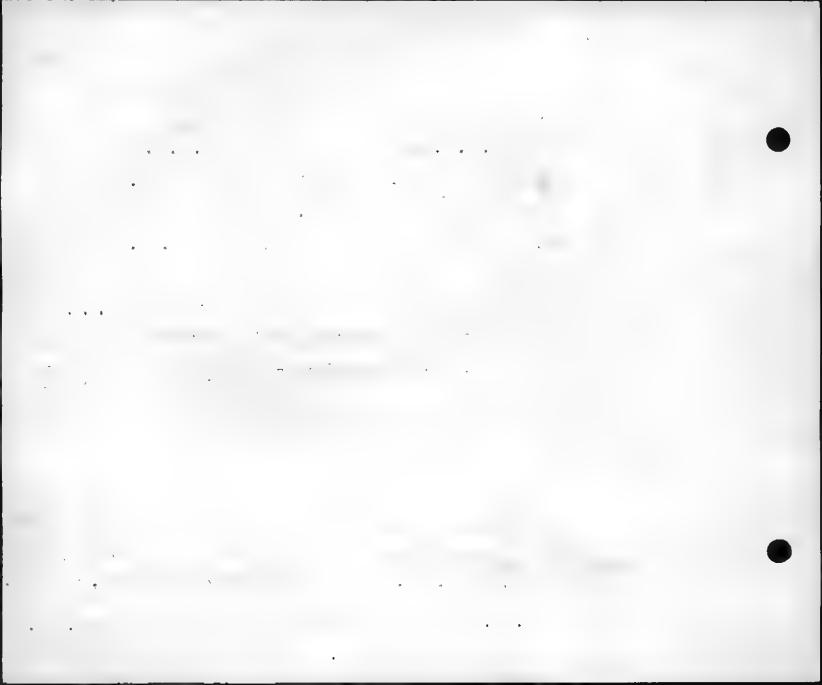
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certificate

**DIRECTOR:** After this

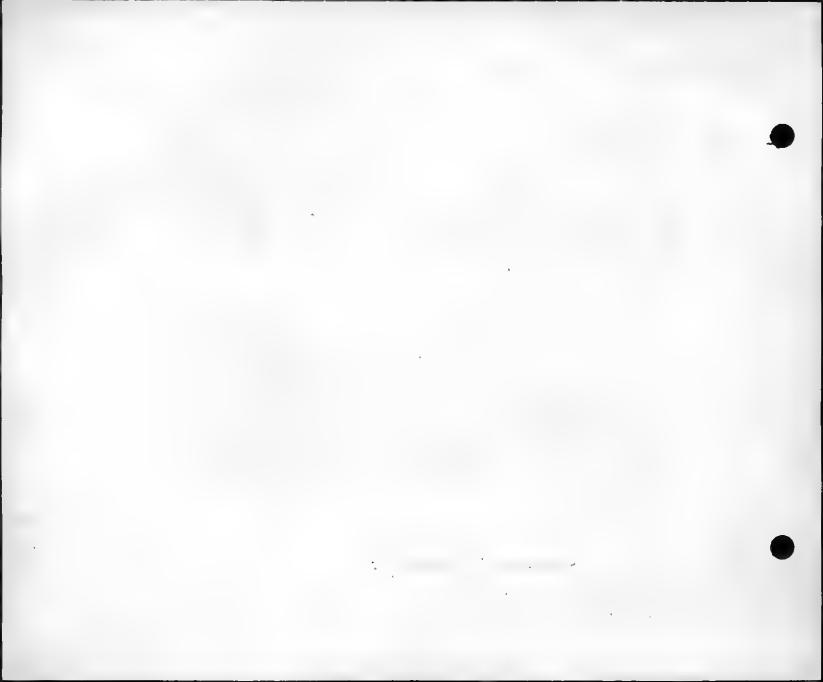
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1 COOM

FOR STATE/	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 2 - 2 4
HEALTH DEPT.	PLACE OF DEATH  Washington  Maryland  PLACE OF DEATH  Susual RESIDENCE (Where deceased lived, if institution Residence of the country of the	before adm ssion} / derick
P. y delay, 2, and 3 Pograment	b CITY OR TOWN (If outside corporate limits, Hager Stown nearest tawn)  c LENGTH OF STAY IN 1b c C TY OR TOWN (If outside corporate in is, write RURAL and give r  Braddock Heights	
	d NAME OF HOSP.TAL OR INSTITUT ON (If not in haspital, give street address)  Washington County Hospital	e IS RESIDENCE ON A FARM? YES NO 2
hours after death tem 18. Give Page Office along with and 2 with the Stat r deoth.	3 NAME OF First Middle Last 4 DATE Manth OF OF OF OF DECEASED (Type or print) Rossiter L. Seward DEATH November	Day Year 27, 19 6 7
rs after 18. Gi e along 2 with oth.	Male Milling Midowed Divorced Dec. 19,1091 75 VI	Days Haurs Min
24 hou in Item r's Offic es land offer de	during most given fine, even if ret red)  Stock Exchange New York  1900	TEN OF WHAT
within pencil caminei le pogé hours o	William C. Seward  Anna P. Plumb	
cuted and and and and and and and and and an	is. Was deceased ever in u.s. armed forces?  (Yes Peasunknown) (Twesdive war or dates of service) 114-14-9942 Avadna Seward Broddock He.	ights, Md
This certificate should be executed within 24 hours after death lits cate, writing the word "pending" in pencil in Item 18. Give Pages 1, be forwarded to the Chief Medicol Examiner's Office along with form be used as a bur a transit perm.t. File pages land 2 with the State Deremoval, and in any event within 72 hours offer death.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY  IMMEDIATE (AUSE (a) Cardiac arrest following post—op  DUE TO Craniotomy for subdural hematoma and  (ond.trans, if ony, which gave rise to immediate cause (a), stating the underlying couse  (b) brain laceration  DUE TO  (c)	INTERVAL BETWEEN ONSET AND DEATH
e, writin forware s used o	PART II OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T.ON GIVEN N PART 1(d)  Severe coronary atherosclerotic disease	19 WAS AUTOPSY PERFORMED? YES NO
	Severe coronary atherosclerotic disease  200 EXTERNAL CAUSE WAS PR MARY Xor CONTR BUTING CAUSE OF DEATH CAUSE OF INJURY Month, Day, Year Hour a.m  200 INJURY OCCURRED While Not	Post
EXAMINER: This certicate the certifage 4 should be forwar ryour files.  :Page 3 should be used cremation, or removal,	20c TME OF INJURY Month, Day, Year Hour a.m. pm 11/? 19 While at wark of work 2 Post office Frederick Ma:  21. I certify that I taak charge at the remains described above, held an Autapsy 3. Inspection 1, Inquiry 7,	
TO DEPUTY MEDICAL EXAMIN necessary, please execute the the funeral d rector Page 4 st 5 moy be retained for your fit TO FUNERAL DIRECTOR: Page 3	death resulted from Natural causes . Accident . Suicide . Hamicide . Undetermined manner .  ACTUAL SIGNATURE . MD ASSISTANT MEDICAL EXAMINER . 580 Norther . DEPLTY MEDICAL EXAMINER . 580 Norther	11/28/67 22. DATE SIGNED ern Avenu
necessary, in the funeral 5 moy be recorded to Funeral 5 moy be recorded to Funeral 10 F	NAME (Type) HOWARD N. WEEKS, M.D. Address (Street, city, tawn, ar caunty) Hagersto	own, Md.  Gaunty) (State)  Tred. Md.
VR A 15ME (58)	24. FUNERAL DIRECTOR  ADDRESS Gladhill Co.  Middle town, Md.  PATE NOV. D. 1967	





TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO MOSTITUL OR ATTENDING PRYSICIAN: The law requires that the duath certificator De executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.

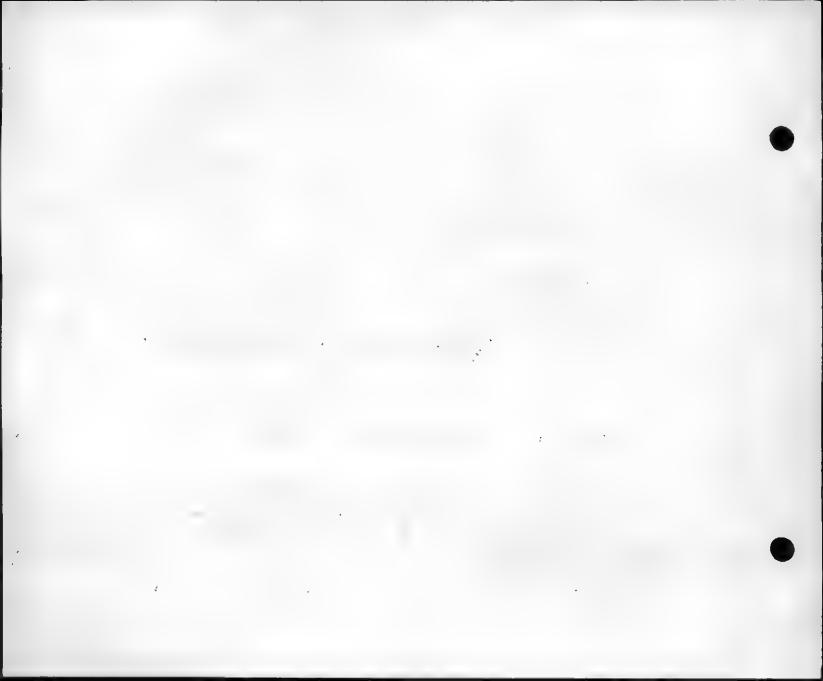
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	_510;	9		CERTIFIC	CATI	E OF I	DEATH	1				1309	9
1.		Н				2. USUA	L RESIDENC	E (Where	deceased i	lived, If ins	titution: Re	sidence before	admission)
	a. COUNTY	Washingto		MARYL	AND	a. ST/	ATE	Md.		b. coun	Wa.	sh.	
	b. CITY OR TOW	/N (if outside corpora and give nearest to	te limits,	c. LENGTH OF STAY	IN 1b	c. CITY O	R TOWN (If	outside (	corporate	limits, wr	ite RURAL	and give near	est town)
	nagerst	own		38 year			gerst	own					
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in h	ospital, give street ad	dress)		TADDRESS					e. IS RE	SIDENCE FARM?
_		ton Count	ty Hos	pital		135	Nor	th A	Ve.			YES 🗌	No 🗌
3.	NAME DF DECEASED	F	irst	Middle		Las	it	4. DAT	TE	Month	1	Day Y	ear
	(Type or print)	Anr	_	Norma		hanno	n	DEA	ATH	Nove	mber	4, 19	67
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF	BIRTH		9. ACE	(In years birthday)	IF UNDER 1	YEAR IFUND	
_	female	White	WIDOWED			11-26			79	yrs.		Days Hours	
10 du	I. USUAL OCCUPATION MORE	TION (Give kind of work king life, even if retire Wille	done 10b. K	IND OF BUSINESS OR			HPLACE (Co		,		12. CI	TIZEN OF WHA	ιT
	House	Wife					gres						
13	. FATHER'S NAM	ME .				14. MOTE	HER'S MAID	EN NAME					
		Henry Knu	ıpp					M	ary	A. S	cha e	ffer	
15	. WAS DECEASED	EVER INU.S. ARMED FI	ORCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT	Ī	×		Addre	\$S		
10	n o	(If yes give war or dates	or service)		Ro	y D.	Shann	non.	Hag	erst	own.	Md.	
-	18. CAUSE OF	DEATH [Enter only or	ne cause per l	ine for (a), (b), and (c)								INTERVAL B	
		CATH WAS GALLOUD DY		nary Throm								36 hou	DEATH
	LOUX			mary inrom	0027	1.5						30 1101	<u> </u>
	Conditions, If	DUE		eriosclerot	2 _ (	124-	Tomor	Tam I	n-i - o -	100		5 year	n c
	gave rise to	Immediate (		arinscrettor.	I.C. (	Jaroro	V 4200	Tar 1	DISCO	130		J. y.ca.	
	cause (a), s underlying caus			oetes								7 yea:	ro
8		E E		JE LES JTING TO DEATH BUT NO	TRFLA	TED TO THE	TERMINAL D	DISFASEC	CNDITION	N GIVEN IN	PART 1(a)	119. WAS A	AUTOPSY
CERTIFICATION			<u> </u>	<u> </u>	)     ( C )	10 111	- married 194 m. p.	-100.000			. ,	YES PERFO	RMED?
厝	20a. ACCIDENT	WAS UNDERLYING	20b. I	DESCRIBE HOW INJUR	Y OCCU	RRED. (Ente	er nature of	f Injury In	Part I o	r Part II o	f Item 18.		time.
189	OR CONTRIBUT	ING CAUSE OF DEATIFY MEDICAL EXAMI	NER)										
뒁	20c. TIME OF	INJURY Month, Day,	Year   20d. I	NJURY OCCURRED   20	De. PLA	CE OF INJUR	RY (Home, fa	ırm, 20f	. (City o	or town)	(Cou	nty)	(State)
MEDICAL	Hour a.	m. m. 19	While at worl	Not While	facto	ry, street, of	ffice bldg., e	tc.)					
-	21. I certi	fy that (I) (this hos	pital) attend	ed the deceased fro	m_Aı	1g. ]	. 1	967	to No.	r. );	_, 1957	', that (I)	(we) last
		ceased alive on 1		19 67 , an									
	22a. SICNATU										22b. D/	TE SIGNED	
1		12	WX	16	. M.D	ATTEND . PHYS.		MED. DIRECTOR	R □ SI	AFF AYS.	3.1-	4-67	
L	22c, PHYSICIA NAME (T		- 1			22d. A	ADDRESS						
	MAINE (		. Ditt	o. Jf	215	W. Wa	shingt	ton S	to. I	lagers	stown.	Md.	
23	BURIAL, CREM	MATION, 23b. DATE		23c. NAME OF CEN	METERY	OR CREMA	TORY				own or cou		State)
	REMOVAL (SP DUTIAL	11-6-	67	Rest Hav	ven	Ceme					n, Mo		
	. FUNERAL DIR	ECTOR		ADDRESS				C'D BY RE	CISTRAR	25b. R	EGISTRAR"	SICNATURE	
	Minnic	h Funeral	. Home	, Hagerst	own	, Md.	DATE	JN 8.	196	A &	Clipy	en Jud	se.

VR #15 (4) 20M 1/65



M	)		1511(	)		CERTIF	ICATE	OF DEATH			16	100	
attending physician and campieraly filled in by the funeral sermit. Then please remave carban papers. Pages I and an, or remaval, and in any event, within/12 haurs after death		V	PLACE OF DEATH COUNTY ASNING	on		MAR		2. USUAL RESIDENCE (  o STATE  Maryla:	nd	b. COUN	πy 'rederi	ck	
rs of		l	o. CITY OR TOWN (I write RURAL ond Has PST	foutside corporate limit give necrest town) 01/11	s, *	LENGTH OF STAY I		Rural M	,		RAL and give ned		0-2
in by	2.6	-{	I. NAME OF HOSPITA	L OR INSTITUTION (If no		give street oddress)	٥	d. STREET ADDRESS	Idule	COMIL		e IS RE	SIDENCE FARM?
	19			ton Coun								YES 🔯	NO 🗌
Je de la			NAME OF DECEASED Type or print)	Ruth	rst	Middle A		losi Sheffer	4. DATE OF DEATH	Mont		,	Year 967
we cen		S. :		6. COLOR OR RACE	7 MARRIED	NEVER MARRIET		B. DATE OF BIRTH	9.	AGE (In years	Months Do	AR TIFUND	DER 24 HRS
any			'emale	White (Give kind of work done	WIDOWED	DIVORCES  (IND OF BUSINESS OR		April 5,15		lost outhdoy)	12 CITIZEN		
ian a ase i		dur	WiseWia	even if retired)		ndustry n Home		Fred. C		_	COUNTR	RY?	
hysic n ple vai, o			FATHER S NAME	2				14 MOTHER'S MAIDEN					
ing p The		10	WAS DECEASED EVE	lexander	16.	SOCIAL SECURITY NO.	17.	Rose To	ns	Addre	955		
attendir permit.		(Ye	No unknown)	(If yes give wor or dotes	of service)		Fra	ank Sheff	er	Middle	town.	Md.	
			1B. CAUSE OF DE	ATH (Enter only one cou H WAS CAUSED BY:	se per line fo	r (o), (b), and (c).)	-4 -5 -5	N.bt = All	·100.	1111		INTERVAL E	
hysician. Ined by the urial-transit urial, cremat			•	IMMEDIATE CAUSE	(o) OP K	MONTH COM	WOT -	Dobt & Bil	HTY	<u>Ubstruct</u>	100	mo	+
physician signed by burial-tra burnal, cre			Conditions, if ony, rise to immediate	rouse (n)		MONO CAL							
D 4 - 1111			stoting the under		10 (c)								
ten Is b as as prio		N.	PART IF OTHER SIG	INITION CONDITIONS C		TO DEATH BUT NOT REL	ATED TO	THE TERMINAL D SEASE (O	NDITION GIVE	N IN PART 1(o)	T	19. WAS AT	UTOPSY PMED?
tal or at ficate ho far use f Health	2	CERTIFICATION	41	TERios				Vascula		isease		YES	NO 🔀
きまりも			-	CAUSE OF DEATH WEDICAL EXAMINER)				(Enter noture of injury in					16
this the part of t		MEDICAL	Hour o.n p.n	1. 19	While of wo	rk 🔲 ot work 🔲	foct	CE OF INJURY (Home, far ory, street, office bldg., etc	)	(City or town)	(County)		(State)
R: After		Ì		y that (I) (this hoseceased alive an		nded the deceased	from 🔼	t death accurred of	536PM	from rauses	7, 19 67	that (I)	(we) la
RECTOR: / 3 shauld d with the			220 SIGNATURE	011 L	on	vez	MI	ATTENDING ***	MED DIRECTOR	STAFF PHYS	22b. DATES		3.6-
Page 4 may be rice Function, page 3 director, page 3 shauld be filed w	)		22c. PHYSICIAN S NAME (Type)	Kicharel	V.+	AUVE	2	and Address		ra, A	12	t -	/
Page 4 no FUNER director,	0	230	BURIAL, CREMATIC			23c. NAME OF CEM	~ ~			CAT ON (City or To		unty)	(Stote)
- 1, 1	1	24	FUNERAL DIRECTO	11400 - 2	0,196	7 Luthers	in St	metery 250 REC	Mid:	dletown		ed.	Md.
VR A15 (4)				Gommany		Middleto	wn.		183 - 0 "	1007	GISTRAR'S SIGN	My Ym	0



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filter the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law Impulres that the leath certificate be executed within 24 flours after death. Page 4 may be retained by the hospital or attending physician. VR A15 2DM 1,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH -5101

- 1						
1	1. PLACE OF DEATH a. CDUNTY	-4-4-		a. STATE	CE (Where deceased lived, If instituti b. COUNTY	on: Residence before admission)
		shington outside corporate limits,	MARYLAND  C. LENGTH OF STAY IN 1b	M	d • outside corporate limits, write R	Wash.
١	Hagerstewn	give nearest town)	60 years	Hagerst	· · · · · · · · · · · · · · · · · · ·	OKAL BIIG BISG ROBIOSE TOWNY
1			n hospital, give street address)	d. STREET ADDRESS	O W11	e. IS RESIDENCE
1		County Hos		136 Eas	t Ave.	ON A FARM? YES NO
	3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
1	(Type or print)	Ernest	Linwood	Shirey	DEATH NOVEMBET	20 -1
1	-		ED E NEVER MARRIED	8. DATE OF BIRTH 8-14-95	9. AGE (In years IF U	THE I DAYS HOUTS MIN.
1		hite   widow			72 yrs.	O OTTITEN OF WHAT
	during most of working if OWNER	fe, even if retired)	kind of Business or INDUSTRY lothing store	TOTAL CONTRACT CO	Shore, Penna.	COUNTRY?
	13. FATHER'S NAME		TO UITING SUOTE	1 14. MOTHER'S MAIC		
	W	illiam Shir	өу	Cha	therine Heffel	man
	15. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SDCIAL SECURITY NO.   17.	INFORMANT	Address	
	n O	IN U.S. ARMED FDRCES? es give war or dates of service)	15-20-8891	rene Shire	ey, Hagerstown	. Md.
ı		H [Enter only one cause pe		1L	1 7.1	INTERVAL BETWEEN
	PART 1. DEATH	WAS CAUSED BY: MEDIATE CAUSE (a)	maestille	Noan	1 /0 1/62	21
	7	DUE TO	0	,		Moores
	Conditions, If any,		uneroscle	10515		Jecco )
	gave rise to imm cause (a), stating	the DUE TO				U
1	underlying cause las		IOUTHO TO OFFICE DUTIES OF BELL	TEN TATUETTE LIGHT	NAME OF THE OWNER	1(a) II9. WAS AUTOPSY
	O PARTY UTHER SIGNI	FICANT CONDITIONS CUNTR	IBUTING TO DEATH BUT NOT KELD	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	PERFORMED?
	E PULLING	marriage Con	MESCRIPHIAN INTERVOCA	IDDED (Enter nature of	hial Compart I of ite	YES NO
	PARTY DTHER SIGNI	CAUSE DE MEATH MEDICAL EXAMINER)	J DESCRIBENION INSERT COCK	SKKED. (Eliter hattire v.	injuly in succion succion of the	20.7
			I. INJURY OCCURRED   20e. PLA	CE DF INJURY (Home, fa	arm, 20f. (City or town)	(County) (State)
	20c. TIME OF INJUI Hour a.m. p.m.	19 Wh	וריין פווחאי זטא רייין פוו	ory, street, office bldg., e	ite.)	
			nded the deceased from	MIGHAL. 1	962 to 113	1962, that (I) (we) last
	saw the decease			t death occurred at_		on the date stated above.
	22a. SIGNATURE	7/1/2	0000	ATTENDING -	MED STAFF 22	b. DATE SIGNED
	22c. PHYSICIAR'S	· Man	M.I	D. PHYS. 122d. ADDRESS	DIRECTOR PHYS.	113/0/
	NAME (Type)	A. MANI	DELL M.D.	30/	6. HINTIE	TAM ST
	23a. BURIAL, CREMATID		23c. NAME OF CEMETER		23d. LOCATION (City, town	**
	KBAAAT(SELIA)	1110001	Rose Hill		Hagerstown,	
	24. FUNERAL DIRECTOR	Funeral Hom	e, Hagerstown	Md. 25a. RE		TRAR'S SIGNATURE
			-,	DATE	UVA IDOI VICE	well Judge



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth

papers, P hin 72 hou (,5

for use as the f

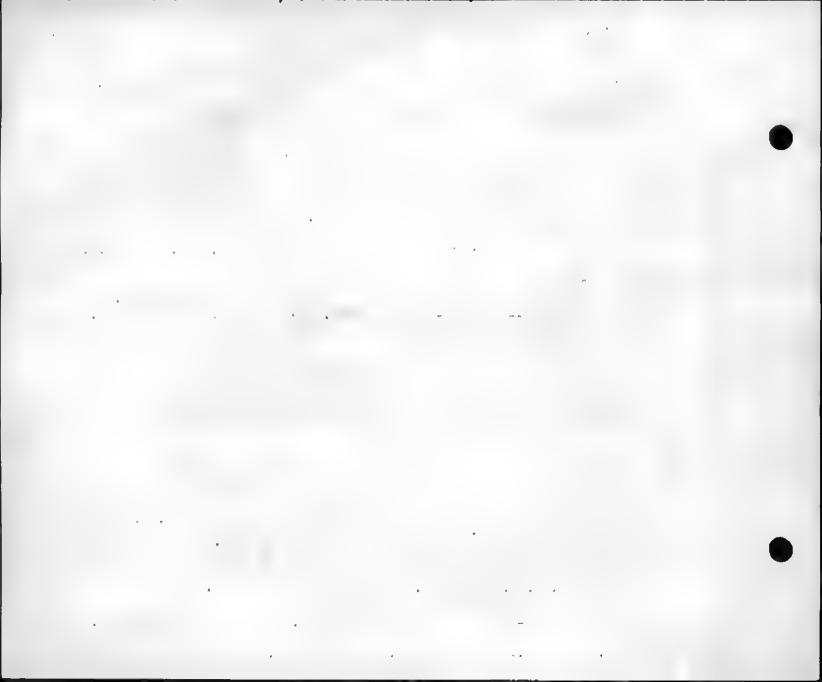
director, page 3 sho should be filed with

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been

be retained

Filled



MARYLAND STATE DEPARTMENT OF HEALTH

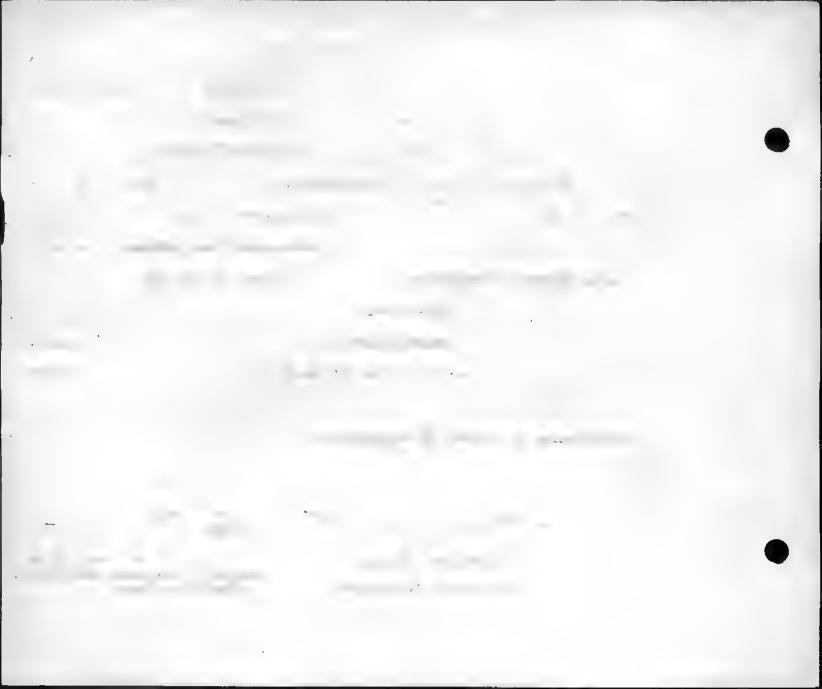
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CERTIFICATE OF DEATH

1	PLACE OF DEATH O COUNTY			re deceased rived, if institution Re	esidence before admission)
	WASHINGTON	MARYLAND	O. STATE MARY!	and b. COUNTY	ashington
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		e corporate limits, write RURAL on	d give nearest town)
	HAGERSTOWN	45days	Hageest	own	11-1
,	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital	, give street address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	WESTERN MARYLAND STATE HO	OSPITAL	712 Sunse	t Civenue	YES NO 🔽
3	NAME OF First	Middle	East 4.	DATE Month	Day Year
L	(Type or print) RICHARD DO	niel Stonebi		DEATH NOV.	3 1967
S.	SEX 6. COLOR OR RACE 7 MARRIEI		B. DATE OF BIRTH	last histhday) Man	NDER 1 YEAR   IF UNDER 24 HRS
	M WIDOWE		Oct. 10,1894	73 YIS	
		KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & St	1/	2 CITIZEN OF WHAT COUNTRY?
R	ETTRED R.R. CLERK W	MD. RAILROAD			21.5.4.
13	. FATHER'S NAME	. ,	14. MOTHER'S MAIDEN NAM		
$\vdash$	John Clarence Stoneb			W. Dalby	
	es no or unknown). [If yes nive war or dates of service]		NFORMANT	712 ddrasun	SET AVE.
Ĺ	YES WW I	105-10-6840 MR	S. MARY G. S		HAGERSTOWN.
	IB. CAUSE OF DEATH (Enter only one couse per line f PART I. DEATH WAS CAUSED BY:		,	M	D. INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Raleinomatosi,	2		unknown
	DUE TO	a and in a second	C 1		1110-0
	inse to immediate cause (a)	areinema of	lung		14EaR
	stoting the underlying couse DUE TO		•		
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO OCATH DUT NOT DELATED TO 1	THE TERMINAL DISEASE COUNTY	ON COVER BY BART 1/m)	9 WAS AUTOPSY
<u>S</u>		4 6	, .	UN GIVEN SN PAKT 1(6)	PERFORMED?
CERTIFICATION	(i) Carcinoma of prosport 200 ACC DENT WAS UNDERLYING \( \square\) 20b.	E (3) HYPERENS. DESCRIBE HOW MURY OCCURRED.		Lor Port II of store 10 )	AEZ NO 🔀
ERTII	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW WHOLE OCCURRED.	ferrier troums of sulars in Lou	i i or roa ii oi nem is)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor 2Dd	INJURY OCCURRED 2De. PLAC	CE OF INJURY (Home, Form,	20f (City or town)	(County) (State)
MEDICAL	Hour a.m. Wh	ile - Not While - focto	ory, street, office bldg., etc.)	254 (CI Y OF TOWN)	(count) (sions)
_		ork L of work L	SPOT. 10 104	12 1 1/00/11 2	10000 46-04 ( ) ( , - ) 1
	21. I certify that (I) (this hespital) atte	naed the deceased from =	death accurred at 9	200 M from rouses and	no the date stated above
	220. SIGNATURE	17 Sex, one man	dedili decolled di 22		b. DATE SIGNED
	Vietar	D. STAFF	NOU. 3,1967		
				stern marylana	
	NAME (Type) VICTOR	L. Ramos, mi	). Ho	egerstown, md	
23	O BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)
23		23c NAME OF CEMETERY OR	CEMETERY	23d LOCATION (City or Town) HAGERSTOWN	
	O BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR		HAGERSTOWN.	(County) (State)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample entries while the following the director, page 3 shauld be detached far use as the bural-transit permit. Then please remaye cerban pages—ranges 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any evelt, writin 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN! The faw requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



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\ I														
		PLACE OF DEATH				2 USUAL RESIDENCE (Where deceased lived if institution Residence befare admission)								
	0	o. COUNTY	Washi	ington	MARYLAND			d.	p (Off	W	ash.			
	þ	CITY OR TOWN (I	f autside carparate limit	is,	c. LENGTH OF STAY IN 15		c CITY OR TOWN (If get	tside corpa	irote limits, write RU	RAL and giv	ve nearest to	own)		
		Hagerst	give nearest tawn)  OWN		life		Hagerst	own				11		
	C	d. NAME OF HOSPITA	AL OR INSTITUTION (If no	at in haspital, g	give street address)		d STREET ADDRESS				е.	S RESIDENCE ON A FARM?		
1		Washing	ton Count	ty Hos	pital		433 E11	zabe	th Ave.		YES			
		NAME OF DECEASED		ırst	Middle		Last	4 DATE			Day	Year		
	(	(Type or print)	Ev€	elyn	S.	_	Stouffer	DEAT	11	mber	29,	19 67		
	S. S	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	8	DATE OF BIRTH		9. AGE ( n years	.F UNDER		UNDER 24 HRS Hours Min		
		female	White	WIDOWED		L.	11-30-97		69 yrs					
			(Give kind of work done		ND OF BUSINESS OR		15. BIRTHPLACE (County 8				ITIZEN OF W DUNTRY?	TAH		
	QUI I	ng god giworkine	ress	la	ullary		Hagerstown, Md.							
	13.	FATHER'S NAME	4114c- C				14. MOTHER'S MAIDEN N							
		19	illiam Se	cord			1. 1.2							
15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address										ess				
(Yes, ng, ar unknown) (If yes give war or dates af service) 215-14-2257 Kenneth Stouffer, Hagerston											own,	Md.		
		18 CAUSE OF DE	ATH (Enter only one cou	use per line for			(	-4	_			AL BOWEEN		
		PART I. DEAT	'H WAS CAUSED BY. IMMEDIATE CAUSE	(a) /Y/	400 Cardia	يل	2 Intal	cli	on		in	deling		
		4201	DUE				17	1 0	-		2 ,			
		Conditions, if ony,		(p) 175	Revense	4	y teau		lester	رد	46	111		
		rise to immediat stating the unde		то (	10.						10			
		last.	)	(c)										
	z	PART II OTHER SH	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED TO	O T	e terminal disease con	ID T ON GI	VEN N PART 1(a)			AS AUTOPSY REORMED?		
	CERTIFICATION	1	O sele	3 11/1	Delutes						YES	NO P		
	TIE	20a ACCIDENT WAS		20b DE	SCRIBE HOW INJURY OCCURRED	D (I	inter nature of injury in f	Part I or P	ort II af item 18)					
			CAUSE OF DEATH MEDICAL EXAMINER)											
	MED CAL	20c. TIME OF INJU	JRY Month, Day, Year				OF INJURY (Hame, farm		(City or town)	(Co	ounty)	(State)		
	MED	Hour ar	10	While at war		octo	ry, street aff'ce bldg , etc.)	1/2			12			
					ded the deceased from_		5/16	9 0 ->	to 11/2	7 . 19	, that	(1) (we) las		
			ceased alive on_	11/3			death occurred an	L. R.	M, fram causes	and on t		11 1/2		
		22a GNATURE	0 0 (	500			ATTEMPTING 1	MED	23473	22b D	TATE SIGNED			
Housel & Marin								DIRECTOR	STAFF PHYS		11/29	7/67		
,		22c PHYSICIAN'S	2 11 5				22d ADDRESS		G			740		
		NAME (Type)	Donald E.	. Marti	n, M.D.		418 N. Pot	tomac	St., Hag	gerst	own, M	10.		
1	23a	BURIAL, CREMATIC			23c NAME OF CEMETERY O				LOCATION (City or Ti		(County)	(Stote)		
1		品的品质的品	12=2	-67	Rose Hill	(	Jemetery	H	agersto	wn, 1	ld.			
	24.	. FUNERAL DIRECTO	R	Uama	, Hagerstow		2Sa. REC'D	BY REGIS		EGISTRAR'S		det		
		THILLT C	runeral	nome	, nagerstow	II j	Md. DATERF	CG	1967	Clar	CAS Y	-		

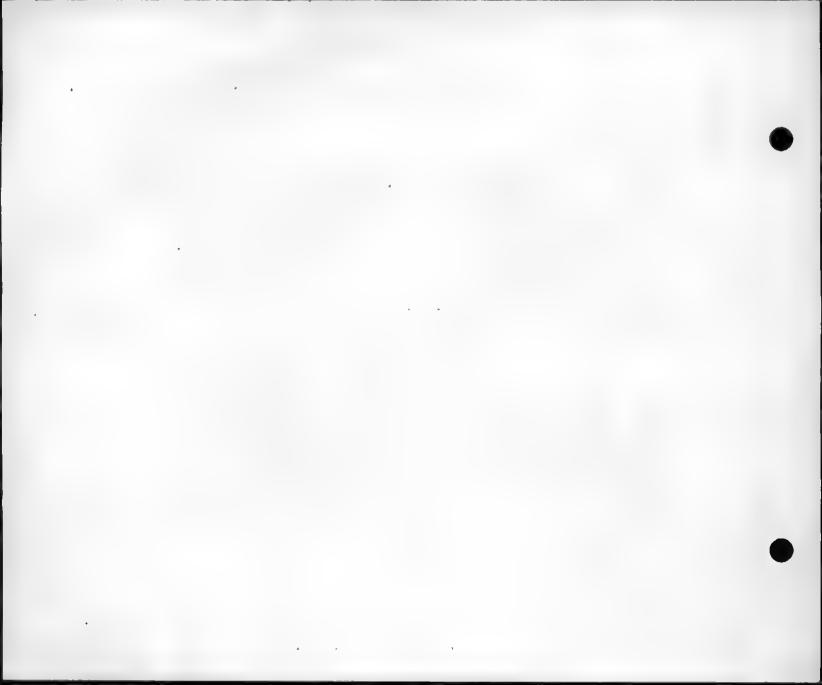
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled director, page 3 should be detached for use as the burial-transit permit. Then please remave carban plays and the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within Page 4 may be retained by the haspital ar attending physician.

VR A15 (4 25M 1/67

death.

L and the funeral ges



VR A15 (4)

	16115	CERTIFICATE			15165
	1. PLACE OF DEATH			eceased lived, if institution: Resid	
	". COUNTY WASHINGTON	MARYLAND	O. STATE MARYLM	tw)	ASHINGTON
	b CITY OR TOWN (If autside corporate limits,	c, LENGTH OF STAY IN 16		parate limits, write RURAL and g	jive nearest tawn)
	write, RURAL and give nearest town)	2 days	HAGERST	3000	۵, .
4	d NAME OF HOSPITAL OR INSTITUTION (If not in has		d. STREET ADDRESS	MUL Berry	SP. IS RESIDENCE ON A FARM? YES NO #
	3 NAME OF First	Middle	tost 4 DA	ATE Manth	Doy Year
	DECEASED I VAN	Lee 7	AGG TIT OF	ATH // / /	10 1967
	S SEX 6 COLOR OR RACE 7 MA	RRIED NEVER MARRIED	DATE OF BIRTH	9 AGE (In years IF UND) Last birthday) Manths	ER I YEAR   IF UNDER 24 HRS
		OWED DIVORCED	NOU 8, 1967	yrs	2
	during most of working life, even if retired)	TOD. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State,  WASHINGTO		COUNTRY? USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		- 00
	IVAN Lee THE	- / - / -	YOLANDA	LARAY	17 m BROSE
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war ar dates at service	To section seconds	NFORMANT FOSPITAL R	Address WAS	HINGTON CO
	18 CAUSE OF DEATH (Enter only one cause per	line for (a), (b), and (c).)		~	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	HYALINE 1	MEMBRANE	DISEASE	ONSET AND DEATH
	1130 DUE TO				U
	Canditians, if any, which gave (b)				
	stating the underlying cause DUE TO				
	last. (c)			0.444.44.00.00.00	T 19 WAS AUTOPSY
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB		THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0)	PERFORMED?
~	PRE MATURI	205 DESCRIBE HOW INJURY OCCURRED.	Mater paties of James in Bort La	r Part II of item 193	YES NO
	G OR CONTRIBUTING CAUSE OF DEATH	205 DESCRIBE HOW INJURY OCCURRED.	fetter nature of inforty at Port I of	Train at helit to j	
	20c. TIME OF INJURY Manth, Day, Year Haur a.m.		CE OF INJURY (Home, farm, lary, street, affice bldg., etc.)	20f. (City or town)	(Caunty) (State)
	21. 1 certify that (1) (this haspital)		NOU 8 196	7, ta /VOV/0,1	9 6 That (I) (we) la
	saw the deceased alive an No	V 10 19 67, and tha	t death accurred at 31	M, fram causes and ar	the date stated above
	226 SIGNATURE Conald & Ke	yser M	ATTENDING MED DIRECT	STAFF -	DATE SIGNED 1967
1	22c. PHYSICIAN'S RONALD E.		22d. ADDRESS KIN	16 St HA	GERSTOWN M
1	23a. BURIAL (REMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY 23	d. LOCATION (City or Town)	(Caunty) (State)
	REMOVAL (Specify) _11/13/6		- 1	HMAENSTONN	Wash md
	24 FUNERAL DIRECTOR	ADDRESS	25a. RECO BY RE	GISTRAK 2Sb. REGISTRAR	M ()
1	1-1-4h 101	Alega-to	DATE NOV	1 3 1967	contes judge

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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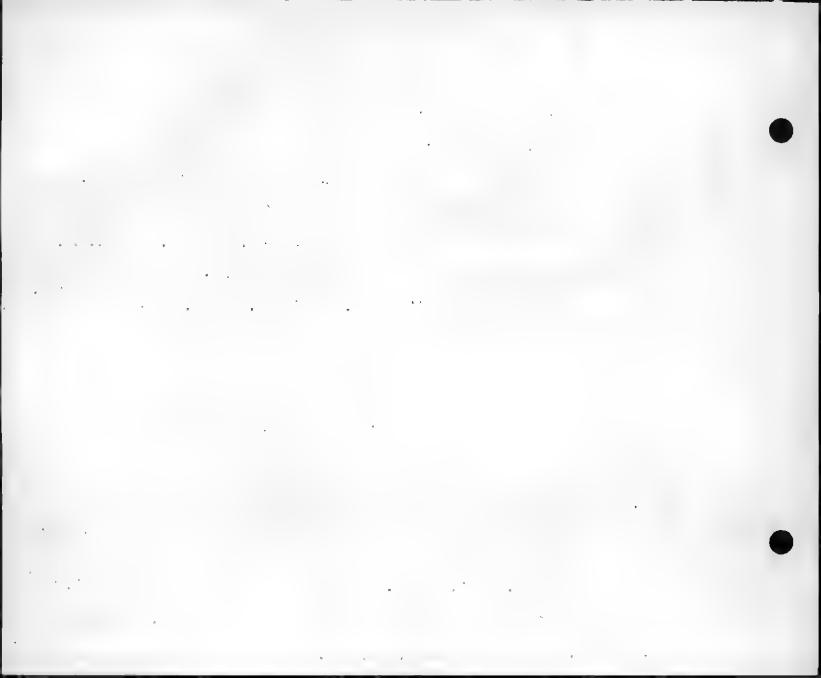
H		CERTIFICATE OF DEATH											
Л		PLACE OF DEATH					2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before adm ssion)						
	(	o. COUNTY WAS	HINGTON		MARYLAND		o STATE FLORI	DΔ	b. CO		OWARD -	and the same of th	
		CITY OR TOWN (If outse	de corporate limits,	c. LE	NGTH OF STAY IN 16		c CITY OR TOWN (If outside corporate amits, write RURAL and give nearest town)						
		write RURAL and give nearest town) HAGERSTOWN			1 MO. 15 DAYS FORT LAUDERDALE						4		
	-	NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address)					d STREET ADDRESS  2025 N.E. 25 th. STREET  e is res dence ON A FARM? YES NO X						
9		WASHINGTO											
1		WASHINGTON COUNTY HOSPITAL  NAME OF FIRST Middle DECEASED (Type or print) (Type or print) (S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED					Last	4. DATE		onth	Day Ye		
							HOMAS. SR.	OF DEATH	NOVE	VIRER .	18. 19 (	67	
							B. DATE OF BIRTH 9. AGE (In years   IF UNDER LYEAR   IF UNI						
		MALE W	HITE W	IDOWED 🔽	DIVORCED	5	DEC. 27. 18	76	ost birthdoy) 90 yrs.	Months	Doys Hours	Min	
		LSUAL OCCUPATION (Give I	kind of work done	10b. KIND OF			11 BIRTHPLACE (County )		reign country)	12 (1	TIZEN OF WHAT		
	duri	ng most of working life, eve RETIRED STE	n it retired) FLWORKER	INDUSTRY	MILL		WALES COUNTRY?						
i	13.	FATHER'S NAME					14. MOTHER'S MAIDEN NAME						
		THEODORE L.	THOMAS				ANN DAVI	ES					
	IS (Va	WAS DECEASED EVER IN U.S. s, no, or unknown) (If yes	ARMED FORCES?	16 SOCIAL	SECURITY NO.	17 IP	FORMANT		346	CHERR	Y TREE C	IR.	
	(18:	NO (11 yes	alk alk alk Alae acour ou coules ou seus	193-0	3-2983	MR.	HERBERT E.	THOM	AS. JR.				
		1B. CAUSE OF DEATH (E		r line for (o), (b							INTERVAL BET		
		PART I. DEATH WAS	CAUSED BY: IMMEDIATE CAUSE (o)	Billy	eral (1	o he	eles bue	unds	ci'u	+	ONSET AND D	JEAIH	
		) KOY	DUE TO	Beneg	20 20 G	1. 1.	s clus u				4		
		Conditions, if ony, which		Ferren			1.00		y C10	1.0	100		
		stating the underlying cause DUE 10 Col.											
		lost		7		6	Lun, ples	1 a	aucx				
										4 19 WAS AUTH			
,	N N	Prostote hypertaphy, Benisa										-	
	CERTIFICATION	200 ACCIDENT WAS UNDER OR CONTRIBUTING ☐ CAU		206 DESCRIBE	HOW INJURY OCCUR	RED (	Enter nature of injury in l	Port 1 or Pa	rt I af item 1B.)				
		(IF EITHER, NOTIFY MEDICA											
	MEDICAL	20c. TIME OF INJURY Mo	onth, Doy, Year	20d. INJURY (	OCCURRED 20e Not While		E OF INJURY (Home, form ry, street, office bldg., etc.)		(City or town)	(Co	unty) (	(state)	
-	≅	p m.	19	ot work	at work	_							
				xottended th	ne deceased from	n_/	10v. 11,1	967,1	o Mou	Z.F., 19 <u>C</u>	Z, that (I) (	<b>Wey</b> last	
			ed alive an_LCC	V.Ir	19 <u>_6_Z</u> , and	that	death accurred at	10/10	A, tram cause			abave.	
		220 GIGNATURE	01.1	0.8	16 -	44.0		MED	STAFF		ATE SIGNED	067	
,		22c PHYSICIAN'S	my W	DIA	10-11	M.D	PHYS. LXJ 22d ADDRESS	DIRECTOR	PHYS	UI NO	V. 19, 1	907	
-		MAJAK (Turne)	DWARD W. I	TTTO.	HII. M.D.		217 W. WA	SHING	TON ST.	HAGER	STOWN, M	D.	
	230	BURIAL CREMATION.	23b DATE THEREOF		NAME OF CEMETERY	/ DR C			_				
	200	REMOVAL (Specify) REMOVAL	11/19/67								WARD CO		
	24	FUNERAL DIRECTOR	TT/ TA/ 0/	i i i	ADDRESS	PIC	MORIAL GARD	BY REGIST	RAR - 2Sh	REGISTRAR S.	E FL	M.	
	- 7						DATE N.	W 2 1	RAR 1967 <sup>256</sup>	The state of the s	000		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. funerol Tand OUIS TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers with should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hour Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67



1	Items 20b&e Film 395 MARYLAND STATE DEPAR	RTMENT OF HEALTH 11 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CE	the contract of the contract o
HEALTH DEPT	1. PLACE OF DEATH a, COUNTY 2.	USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
(7)	WASHINGTON MARYLAND	a. STATE MARYLAND b. COUNTY WASHINGTON
cessary, funeral may be atment		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Tag may	HAGERSTOWN 36 YEARS	HAGERSTOWN
13 to the figure of the figure		STREET ADDRESS  a. IS RESIDENCE ON A FARM?
Page Page	WASHINGTON COUNTY HOSPITAL	50 EAST FRANKLIN STREET YES NO IX
PS GE	3. NAME DF First Middle DECEASED	Last 4. BATE Month Day Year
P. 25.93	(Typa or print) MARY SUSAN T	CHOMAS DEATH NOVEMBER 15, 1967
death. If a e Pages 1, 2 vith form P and 2 with vent within	THE MAINTEN TO THE MAINTEN TO	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS   last birthday)   Months   Days   Hours   Min.
age h for the work		JG. 31, 1882   85 yrs.
h-> > 0)	during most of working life, even if retired) INDUSTRY	BIRTHPLACE (State or foreign country)     12. CITIZEN OF WHAT COUNTRY?
aft ong ong	HOMEMAKER OWN HOME	FROSTBURG, MARYLAND. U.S.A.
22 60 20		
24 hour litem 1 Office a File page, and in	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFO	ORMANT JONES
	(Yes, no, or unkown) (If yes give war or dates of service)	ORMANT 12drELINTON AVENUE, CLIFFORD N. THOMAS. HAGERSTOWN. MARYLAN
ted within ; in pencil in Examiner's sit permit.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
xam xam	PART I. DEATH WAS CAUSED BY: Robular Preum	CONSET AND DEATH
uld be executed if "pending" in ef Medical Exam a burial-transit cremation, or or	4/14/	
dica dica	Conditions, If any, which ) (b) Frot fuce Necle	Lest Femur 5 days
d be Me Duri	gave rise to immediate cause (a), stating the DUE TO	
should be word "per Chief Med as a buria rial, crem	undarlying causa last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	PERFORMEDY
certificate ting the led to the led to the order to prior to be prior to but	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED  Poly Cy theme a Wara Deutign Nophros  20a. EXTERNAL CAUSE WAS PRIMARY 13-07 CONTRIBUTING DESCRIBE HOW INJURY OCCURRENT TO INDUSTRIBUTING DESCRIBE HOW INJURY OCCURRENT TO INDUSTRIBUTING DESCRIBE HOW INJURY OCCURRENT TO INDUSTRIBUTION DESCRIPTION DESCRIPT	
writing arded 1 ould be t, prior	20a. EXTERNAL CAUSE WAS PRIMARY COCURRED PRIMARY COCURRED TO CONTRIBUTING TO CAUSE OF DEATH.	D. (Enter nature of Injury in Part I or Part II of Itam 18.)
This e, wri		Lat home OF INJURY (Homa, farm,   20f. (City or town) (County) (State)
### <b>2</b> € 60 m .	C)   factoris at	treet, offica bldg., atc.)
certific certific ould be es. R: Page ignated		ome
cer cer ss.	21. I certify that I took charge of the remains described above, held an	
5 42 to 5 8	death resulted from: Natural causes , Accident , Suicide	chief Medical examiner Undetermined manner 11/17/67
Cute the age 4 sur your pixect	SIGNATURE CLUB & W A / H (2- III M	D ASSISTANT MEDICAL EXAMINER 7 22. DATE SIGNED
		DEPUTY MEDICAL EXAMINER 217 W. WASH. ST.
DEPUTY lease extractor. Stained the FUNERA	EDWARD W. DITTO, III, M.D.	Address (Street, city, town, or county) HAGERSTOWN, MD.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)	
5 2 2 5 2	BURTAL 11/18/67 ROSE HILL CEME 24. FUNERAL DIRECTOR ADDRESS	CTERY HAGERSTOWN, WASH, CO. MD.
VR ALSME (5)		MOV 2 1 1967 Williams Vindor
5M 1/46	CHARLES M. ROUZER. HAGERSTOWN MARYTANT	DATE NUV Z 1 1307



MARYLAND STATE DEPARTMENT OF HEALTH 301 .W., PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b COUNTY Washington o. COUNTY Washington Maryland MARY, AND CITY OR TOWN (If outside corporate limits, r LENGTH OF STAY IN 1h c, CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Hagerstown Hagerstown d NAME OF HOSPITAL OR ASTITUTION (If not in hospital, give street address) Franklin e IS RES DENCE ON A FARM? d STREET ADDRESS W. Washington St. Washington County Hospital This certificate should be executed within 24 hours after deoth 18 NO X YES 8. Give Poges 3 NAME OF olong with Middle Lost Year DECEASED Troxell. Paul French Nove mber 19 67 (Type or print) within S SEX 8 DATE OF BURTH AGE LF UNDER 1 YEAR 6 COLOR OR RACE NEVER MARR.ED (In years 7 MARRIED lost b rthdoy) Doys White 9eb.2.1913 Male W.DOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BERTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working the even if retired) County Rds Dept. Funkstown, Md. ONY 13 FATHER S NAME William R. Troxell Etta Mae Grench Fie 正 Address Hagerstown, Md. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) removal, Mrs. Ethel Droxell 421 W. Washington St. 213-03-0625 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) nstant PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Coronary Occlusion 0 cremation, DUE TO Conditions, if any, which gove (b) Arteriosclerotic Cardio Vascular Disease Several years rse to mmed ofe couse (o), DUE TO stoting the underlying couse lost. () Diabetes buriol, PART II OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? HO X 0 200 EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ prior 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) CAUSE OF DEATH 20c TIME OF AJJRY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) Not While factory, street, office bldg. etc.) may be retained for your FUNERAL DIRECTOR: Poge pt work L ot work its designoted 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection K. Inquiry ( and in my opinion tuneral director. death resulted from Natural causes X. Accident . Suicide | ] Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 11-27-67 DEPUTY MEDICAL EXAMINER Beolth or **EXAMINER'S** Address (Street, city, town, or county lagerstown. ad. Ditto NAME (Type) Dr. E. W. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23d LOCATION (City or Town) (Stote) 0 Cedar Lawn Cemetery Hagerstown-Washington-Md. 250 REC D BY REGISTRAR REGISTRAR S SIGNATURE

Rest Haven General Chapel Hagerstown, Md.

VR A15MEV5

10/2/10/10

16118

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

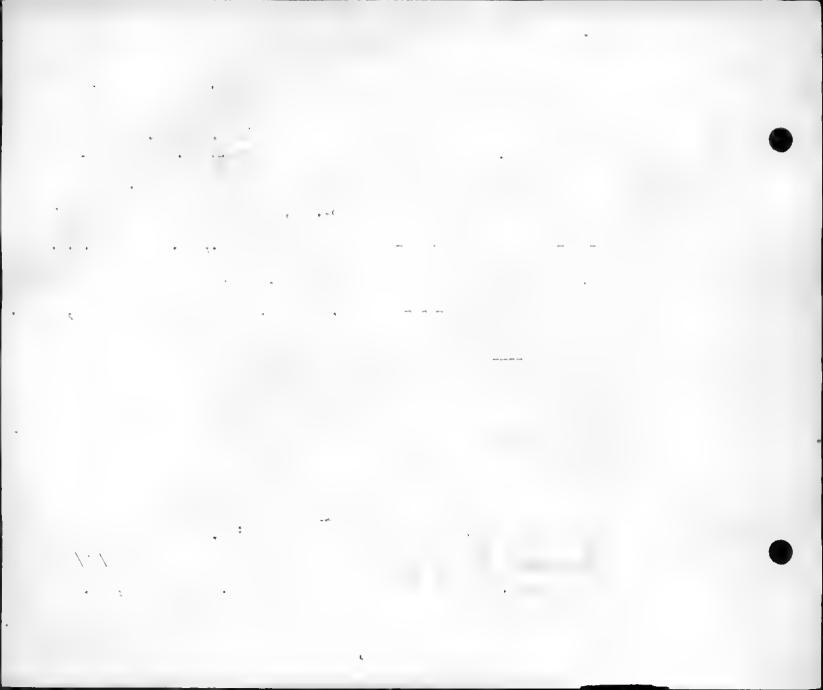
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- 11											-		
1		CE OF DEATH	hington		2 USUAL RESIDENCE o. STATE	E (Where deceo: Penna.	sed lived, if institut b. COUI						
	h C		MAR)  c Length of Stay I	LAND	c CITY OR TOWN (I	_	eta Tiranta irinda DII						
	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			7 hrs	11 10	CON OR IOWN (I	Waynes	MIL ONG GIVE HESTE:	21 10 Will)			
	d N	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gr					d. STREET ADDRESS	hh W.			e IS RESIDENCE		
1		Washington Co. Hospital				a. Jingel Mooness	ON A FARM? YES NO 31						
1		NAME OF First Middle					Lost	4. DATE	XX. PAX	th Do	/ Year		
							lentine	OF DEATH	No	v. 23	19 67		
	S SEX		6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		8. DATE OF BIRTH 9 AGE (In years   IF UNDER 1 YEAR   IF UNDER 2						
	-	male	White	MIDOMED	DIVORCE	) 🗆 M	ov. 22, 19	967	lost birthdoy) yrs.	Months Doys	Hours Min.		
	100 US	UAL OCCUPATION	t (Give kind of work done life, even if retired)	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Coe			12 CITIZEN O	F WHAT			
	ubingi	IIIOSI OI WOIKIII <u>q</u>	ine, even il reilled)	100	DOSIKI		Washingt		n Md.	COUNTRY	.A.		
		THER'S NAME					14 MOTHER'S MAID	EN NAME		_			
			. Valentine				Nancy R.	Miller					
	15 W	AS DECEASED EVE	R IN U.S. ARMED FORCES?	of service) 16. S	SOCIAL SECURITY NO.	17. (	INFORMANT Address						
	(105,11	es, no, or unknown) (If yes give wor or dotes of service) Mr. James C. Valentine Waynesboro, Penna.											
	18	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  INTERVAL BETWEEN											
	IMMEDIATE CAUSE (o) Suspected Intra Ventricular Hemarrhage										THE DEATH		
		Conditions, if ony, which gave   (b)   Primary Pulmonary Atelectasis   DUE TO											
		stoting the underlying couse (c)											
			GNIFICANT CONDITIONS C		O DEATH BUT NOT BU	AYED TO	THE TERMINAL DISEASE	COND TION CIVI	IN IN DART 1/A)	110	WAS AUTOPSY		
	<b>≨</b>  ″	KKI II. OTHEK SI			O DEATH BUT NOT KEE	AIED TO	INC TERMINAL DISCASE	CONDITION GIVE	in in PAKI 1(9)		PERFORMED?		
	<b>I</b>	a ACCIDENT WAS	Premat JNDERLYING	Lurity DE	SCRIBE HOW INJURY O	CCUPPED	finter nature of inu o	on Port Lor Por	rt 11 of stem IR )		YES NO X		
		R CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. DL	SCRIPT HOW HOOK! O	CCORNED	(trital listore of infer)	111111111111111111111111111111111111111	it is or hells so j				
	MEDICAL 20	Dc. TIME OF INJ.	JRY Month, Day, Year		HURY OCCURRED		CE OF INJURY (Home,		(City or town)	(County)	(Stote)		
	× L	p.r	ln.	While at wark		TUCI	ory, street, office bldg.,	eic i					
- 1		21. I certify that (I) (this haspital) attended the deceased from 11/22 , 19 67, to 11/23 , 1967, that (I) (we) last											
-	_		eceased alive an	11/23/	19 <u>_67</u> , (	and that	death accurred	012: ZU V	A, fram causes				
	2	20. SIGNATURE	) (1	8	11 .		ATTENDING PHYS	MED	STAFF	22b. DATE SIGN			
	2	DHAZICIAN,	made	<u>C</u>	Leyson	M.[	PHYS 4-	DIRECTOR	PHYS L	7 77/ 53/	7301		
22c PHYSICIAN'S NAME (Type) Ronald E. Keyser 101 King St., Hagerstown, Mo							own, Md.						
		BUR AL, CREMATIC		EREOF	23c. NAME OF CEM	ETERY OR	CREMATORY	23d L0	CATION (City or To	wn) (County	y) (Stote)		
		REMOVAL (Specify Purial	11/2	5/1967		s Hi		Way	mesboro,	Frankli	n, Penna.		
	24. F	UNERAL DIRPCTO	R ill 11		ADDRESS		2So N	REC'D BY RECUST	1967 25b A	EGISTRAR'S SIGNATH	RE		
		Nacle	4 / 1/10	32	Waynesbor	o, P	enna. DATE			~~~			

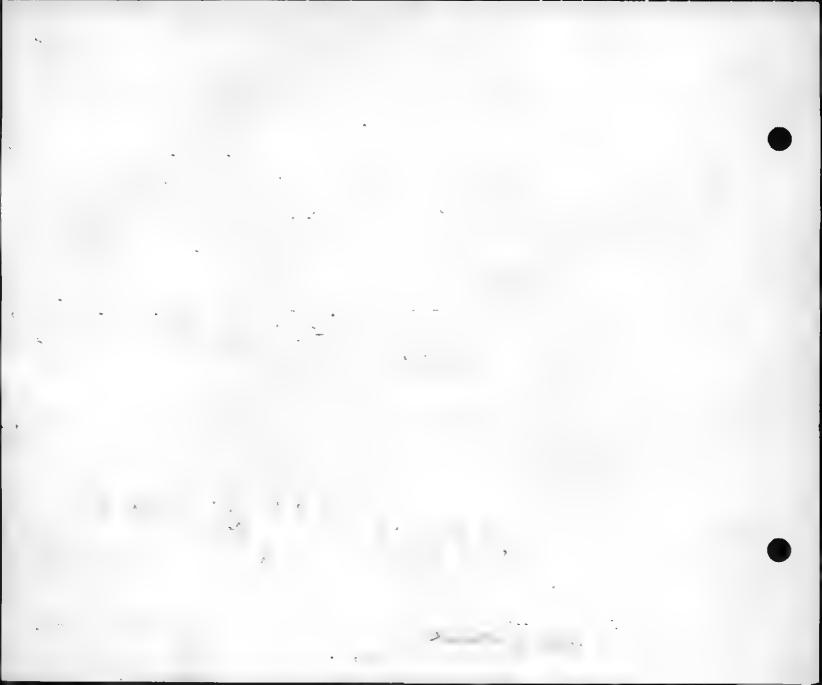
**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the f director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers, baggs shauld be filed with the State Dept of Health priar ta burial, crematian, ar removal, and in any event, within 12 hours after the other prior to the state Dept of Health priar ta burial, crematian, ar removal, and in any event, within 12 hours after the other prior to the state Dept of Health priar ta burial, crematian, ar removal, and in any event, within 12 hours after the other prior to the state of Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

the funeral ages 1 and 2.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON-STREET, BALTIMORE, MARYLAND 21201 16110 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Washington Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Ragerstown c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 31 yrs Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Washington County Hospital 113 E.Lee St NO 🗶 3. NAME OF and in any event, wit Year DECEASED 2da Mae Ward November (Type or print) DEATH 24 67 S. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy Months Hours White MIDOWED 10o. JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT requires that the death certificate be during most of working life, even if retired) Own Home Cumberland, Md. 13. FATHER'S NAME stached far use as the bu'ial-transit permit. Then ʻpl Dept. af Health priar ta burial, crematian, ar remaval, George Burrall Kathleen WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Md-(Yes, no or unknown) (If yes give wor or dotes of service) E.Lee St. Hagerstown 18. CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? OR ATTENDING PHYSICIAN: 20o ACCIDENT WAS LINDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) (City or town) (County) Hour am foctory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 21 I certify that (1) (this haspital) attended the deceased from director, page 3 should should be filed with the and that death accurred at 454M, from causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22c PHYSICIAN S O HOSPITAL St. "ager Boyer . M. D Potomac 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) (State) REMOVAL (Specify) Rest Haven Cemetery Hagerstown-Washington-Md 250. REC'D BY REGISTRAR Hagerstown Md.



### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16111

	Sici	Å.		CERTIFICAT	E OF DEA	H			
	PLACE OF DEATH o. COUNTY		Machin		2 USUAL RES			f nstitution Res b. COUNTY	idence before admission)
_	L city on touch (	f	Washir				1.		Washington
		if outside corporate limit give neorest town)	\$,	c. LENGTH OF STAY IN 16	C CITY OR TO		de corporate timits,		give neorest town)
		en Mar		50 Years		Rura	al, Pen M	a <b>r</b>	
		AL OR INSTITUTION (If n	ot in hospitol, g	ve street oddress)	d. STREET ADD	RESS			e IS RESIDENCE ON A FARM? YES NO X
3	NAME OF	Fi	rst	Middle	Lost		4 DATE	Month	Doy Year
	DECEASED (Type or print)	To	on	В.	Werdeba	na ab	OF DEATH	37	
5.		6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	B. DATE OF BIRT		9 AGE (In	Nov	28 1967 DER 1 YEAR TRUNDER 24 HRS.
1 .	Male	White		DIVORCED	9/29/18		lost birt		
		(Give kind of work done		ND OF BUSINESS OR	11 BIRTHPLAC	E (County & S	state, or foreign count	'ry) 12	CITIZEN DE WHAT
	ing most of working Tavern Ov		IN	DUSTRY	Liann		. D-		COUNTRY?
	FATHER'S NAME	ATICT.			14 MOTHER'S	ASDOTO	MF Pa		
		77 7 7	١.			.,			
12		. Werdebaug			Laur	a D.	Greenwood	3	
IS.	WAS DECEASED EVE is no or unknown)	R IN ELS ARMED FORCES? (If yes give wor or dotes	of service) 16. S	SOCIAL SECURITY NO 17	INFORMANT			Address	rsburg Pa.
1	Yes	World War	2 2	7-32-5447A	Harry T.	Werde	haugh, 5	3 Lines	oln Way East
	1B. CAUSE OF DE	ATH (Enter only one co	ise per line for		0				INTERVAL BETWEEN
	4	IMMEDIATE CAUSE		wory O	calle	we			1 mo and
		DUE	TO	A	1)				4.0
	Conditions, if ony		(b)(D)	whatey 10:	Elle Es	cke	ENSLA		88 Yellis
	rise to immediat		TO				•		
1	last	)	(c)						
	PART II. OTHER SI	GNIFICANT CONDITIONS C		O DEATH BUT NOT RELATED TO	THE TERMINAL DE	SEASE CONDI	TION GIVEN IN PART	1(0)	19 WAS AUTOPSY
No.									PERFORMED?
2	20 100178171114	7	1 001 00	control House Hamping Occupant	5 4P			10.1	YES NO
CERTIFICATION		OUNDERLYING □  CAJSE OF DEATH  MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY OFCURRE	D (Enter nature of	וייןטרץ זה צמנ	rt 1 or Port II of Hen	n 1B)	
MEDICAL	20c TIME OF INTE	JRY Month, Day, Year	20d IN	MURY OCCURRED 20e P	LACE OF INJURY (He		20f (City or	town)	(County) (State)
W.	Hour o.r p.r	10	While at work		octory, street, office	oldg , etc )			
	21. 1 certif	fy that (I) (this hos	pital) attend	led the deceased fram.	July.	. , 19,	50, to 00	v 28,	19 <u>67</u> , that (I) (we) lost
		eceosed olive on	1000	19 <u>6 7</u> , and fi	of deoth becui	red at 4	y, trom		n the date stated above.
	220. SIGNATURE	n . 1 -	4/		ATTENDING	MI		23	S A) or 67
/ ا	22c PHYSICIAN'S	- A-	Mu /	el,	M.D PHYS  22d ADDR		RECTOR L PH	rs UIZ	8 Nov 67
	NAME (Type)	Robert	A. K	1e fer	Blue	Ru	low of	unnel	, Penno
230	BURIAL, CREMATIC	ON, 23b DATE TH	EREOF	23c NAME OF CEMETERY O	R CREMATORY		23d LOCATION (C		(County) (State)
	REMOVAL (Specify Burial	72/	1/67	Harbaugh!			,	' '	Franklin Pa
24	FUNERAL DIRECTO	R	170(	ADDRESS	2	So RECD B	Y REGISTRAR	25b REG STRAF	RS SIGNATURE
17	Matteri	I Straw	=	Waynesboro	Pa.	VO開A	3.0 1967	20/100	eles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled—in director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon appears should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 to Hospital or attending physician; The law requires that the deoth certificate be executed within 24 Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

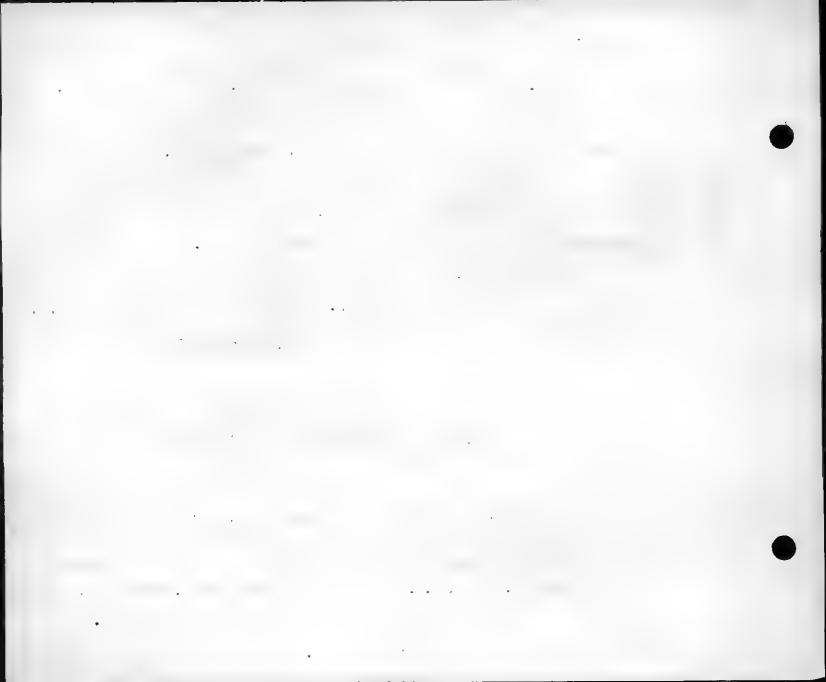


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE	OF DEATH
1. PLACE OF DEATH  a. COUNTY  Wash.  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Md. b. COUNTY Wash.
b (ITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hagerstown  19 Years	COTY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  HAGERSTOWN
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Jackson Convalescent Home	d. STREET ADDRESS  e IS RÉSIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
3 NAME OF First Middle  DECEASED (Type or print) Idella Violet	Whipp OF November 9 19 67
S SEX Female  6. COLOR OR RACE White  7 MARRIED WIDOWED DIVORCED	B DATE OF BIRTH  9-21-1909  9 AGE (In years   IF UNDER   YEAR   IF UNDER 24 HRS.   Months   Doys   Hours   Min.
TOO USUAL OCCUPATION (G ve kind of work done during morting working its symmetried)  10b KIND OF BUSINESS OR INDUSTRY	Berryville, Va.  11. BirTHPLACE (County & State or foreign country)  COUNTRY?
13. FATHER'S NAME Frederick Morris	14. MOTHER'S MAIDEN NAME  Ann Barr
(Yes, nng unknown) (If yes give wor or dates of service) 214-09-3169	NFORMANT  Address  Richard Whipp , Middletown N.J.
Conditions, if any, which gove isset to immediate cause (a), stating the underlying cause (b).  DUE TO  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1.	THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(0)  19 WAS AUTOPSY
200 ACCIDENT WAS UNDERLYING [] 200 OR CONTRIBUTING [] CAUSE OF DEATH (IF ENTHER MOTIFE MEDICAL EXAMINED)	Secret - 3 years   PERFORMED? YES   NO E
	CE OF INJURY (Hame, farm, 20f (Crty or town) (County) (State) ary, street, affice bldg., etc.)
	t death accurred at 3 4. M, fram causes and an the date stated abov
22c PHYSICIAN'S NAME (Type) Dalton M. Welty, M.D.	ATTENDING MED STAFF DIRECTOR STAFF 11/10/67  22d. ADDRESS  998 Potomac Avenue, Hagerstown, Marylan
230 BURIA, (REMATION, REMOVA. (Specify) 23b DATE THEREOF Rest Haven	Cemetery Hagerstown, Md.
24 FUNERA, DIRECTOR Minnich Funeral Home, Hagerstown,	Ma. DATNOV 1 3 1967 Actionles Surge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law mappings that the death certificate be executed within 24 haurs after-death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the timeral



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

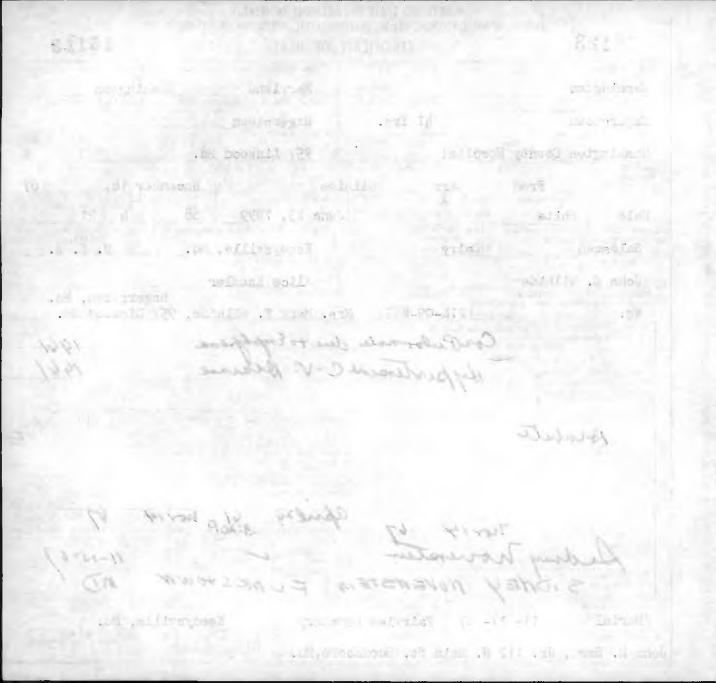
16123

### CERTIFICATE OF DEATH

16113

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Washington b. COUNTY Washington o. STATE Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) h1 Yrs. Hagerstown Hagerstown d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington County Hospital Linwood Rd. NAME OF DATE Middle DECEASED (Type or print) Fred Carr Wilhide DEATH November AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Hours June 23, 1899 White Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Salesman COUNTRY? INDUSTRY Keedysville, Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John D. Wilhide Alice Knadler 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Hagerstown, Md. 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give wor or dates af service 214-09-8557 Mrs. Mary F. Wilhide, 957 Linwood Rd. No. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o spertinent C-V. Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 4 certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased from april 29 1967, and that death accurred at 3:20 M, from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED 23b. DATE THEREOF 230. BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 11- 17- 67 Fairview Cemetery Keedysville, Md. 24. FUNERAL DIRECTOR VR A15 (4) John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE

24 hours after death OR ATTENDING PHYSICIAN: The law requires that the death certificate Le executed



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hays after death.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4 25M 1/67

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16114

16124

CERTIFICATE OF DEATH

o. COUNTY	Washington	1	MAR	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE  Ma.  b. COUNTY  Wash.							
b. CITY OR TOWN	(If outside corporate limits	,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown  d. STREET ADDRESS  e. IS RESIDENCE						
Hager	ond give neorest town)		40 year	s							
d. NAME OF HOSE	PITAL OR INSTITUTION (If no	t in hospital, gi	ve street address)								
Coffma	n Home for	the.	Aging		335 N.	Potoma	St.	YES	ON A FARM?		
3. NAME OF DECEASED (Type or print)	Emma		Middle Blanche	•	Wolfkill	4. DATE OF DEATH	November 1	er 30,	Year 19 67		
S. SEX fmela	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE		DATE OF BIRTH 10-23-88	9. AGE	(In years IF UI birthdoy) Mon yrs.		Hours Min.		
100, USUAL OCCUPATE during most pf working	ON (Give kind of work done of the work)		ID OF BUSINESS OR BUSTRY		11. BIRTHPLACE (County Walnut E			12. CITIZEN OF W COUNTRY?	VHAT		
13. FATHER'S NAME	Eber Nau	igle			14. MOTHER'S MAIDEN Sa		gram				
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. S	OCIAL SECURITY NO.	17. IN	FORMANT		Address				
(Yes, no, or unknown	(If yes give wor or dotes o	r service)	one	Ro	nald Mill	er. Has	rerstown	n. Md.			
Conditions, if or rise to immediatoring the unalest.	ote couse (o), DUE	(b) TO (c)			LE TERMINAL DISEASE (O)	V		110 W	AS AUTOPSY		
NO S	lamon		rabara	111	7	NDITION SIVER IN	AKI I(U)	YES YES	REFORMED?		
OR CONTRIBUTIN	AS UNDERLYING  IG CAUSE OF DEATH Y MEDICAL EXAMINER)			CCURRED. (	nter noture of injury in	Port I or Port II of	item 18.)				
20c. TIME OF IT	NJURY Month, Doy, Yeor	20d. IN. While of work	JURY OCCURRED  Not While of work		OF INJURY (Home, form y, street, office bldg., etc.		or town)	(County)	(Stote)		
	21. I certify that (1) (this hospital) ottended the deceased fram 4 79, 1959 to closely that (1) (we) last saw the deceased alive an 5 4 1962, and that death accurred at 8 M, fram causes and on the date stated above										
220. SIGNATUR	220. SIGNATURE PORT OF LOCAL QUE M.D. ATTENDING PHYS. STAFF 126 DATE SIGNED 12-1-67										
22c. PHYSICIAN NAME (Typ		27 F.	KEAK	WE	22d. ADDRESS	pers	Saur	mo	1.		
230. BURIAL, CREMA			23c. NAME OF CEM				N (City or Town)	(County)	(State)		
REMOVAL TPES		67		laven	Cemetery		erstown				
24. FUNERAL DIREC			ADDRESS		2So. REC'I	D BY REGISTRAR	CT 25b. PESOS	P.S. SHATURE	roge		
Minnic	h Funeral	Home.	Hagerst	own.	Md . DATE OF	C 5 13	0	0	4.9		

I DESIGNATION OF THE and the second second second As remarks the the marketon and particles are now to the contract of A Section of the second THE RESIDENCE OF THE PARTY OF T e ne ee The second second second the second of the second